

Compass West Sussex Registration Form

for young people aged 18-25



What is Compass West Sussex?

Compass West Sussex is the children and young people's disability register for West Sussex. It is held by the charity Amaze on behalf of West Sussex County Council. Registering on Compass West Sussex is voluntary so you don't have to register on it if you do not want to. If you register, your information is used anonymously to help plan local services for young people with special educational needs and disabilities (SEND).

Compass Card West Sussex

Once you have filled in this form and sent it back to Amaze, you will receive a Compass Card West Sussex, which gives you access to discounted fun, leisure and sport. We will also send you regular updates on the issues, services and events that matter to you.

Can I register on Compass West Sussex?

You can register on Compass West Sussex if:

- You are under 25 years old and have special educational needs, disabilities or complex health needs that have a big effect on your daily life. For example, you might get Disability Living Allowance (DLA) or Personal Independence Payment (PIP), or have an Education, Health and Care Plan (EHC Plan) or statement of special educational needs
- **AND** you live in West Sussex or go to school or college there or you are a young person eligible for Adult Social Care support in West Sussex

If you are not sure whether you can register on Compass West Sussex, or would like help filling out the form, call Amaze on **0300 123 9186** or email **CompassWSx@amazebrighton.org.uk** You can also find extra guidance at **www.compasscard.org.uk**

Before you start filling in this form

- This form is for young people aged 18-25. You are welcome to fill in and sign this form yourself or get somebody to help you. If you are unable to fill in and sign the form yourself, your parent carer can do so on your behalf, or another adult who is responsible for your care. If you are filling in this form on behalf of a young person, please remember that when a question says 'YOU' it means the young person themselves.
- If you are aged under 18, you should fill out a Compass West Sussex registration form for children and young people aged 0-17 instead. You can get one from the Amaze website at **www.compasscard.org.uk**, by calling Amaze on **0300 123 9186** or by emailing **CompassWSx@amazebrighton.org.uk**
- If you are applying on behalf of more than one young person, you will need to fill out a separate form for each one
- The more information you write on the form the better, but if questions do not apply to you, just leave them blank

Your basic details:

Remember this is the young person's details if you are completing the form on their behalf

First name:

Surname:

Home address:

Postcode:

Tel:

Mob*:

Email*:

Date of birth:

Gender: male/female/other

What is the main language your family speaks at home?:

Name and address of GP surgery:

Name of your college or university (if you go to one):

*allows us to tell you about Compass Card West Sussex special offers

Who should we send the Compass Card to?

You directly / Your parent carer / Somebody else (please circle ONE option only)

If not you directly, please give the name and address we should send the card to:

First name:

Surname:

Address (if different from the young person's):

Postcode:

Email*(please print):

Tel:

Mob:

Relationship to you (e.g. parent carer, adoptive parent, grandparent, personal assistant, support worker)

Would you like to receive email updates from Amaze about Compass Card West Sussex? Yes No

*allows us to tell you about Compass Card West Sussex special offers

Where did you hear about Compass West Sussex?.....

Questions about you (the young person)

Brothers and Sisters

1. How many brothers and sisters do you have? (please circle one option) none / 1 / 2 / 3 / 4 / 5 / more than 5

2. Do any of them have special educational needs or disabilities? none / 1 / 2 / 3 / 4 / 5 / more than 5 / don't know

3. Do any other family members apart from your parents help to take care of you? (tick ALL that apply to you)

No My brothers or sisters My grandparents My own children Another relative (e.g. an aunt or uncle)

Diversity Monitoring

1. How would you describe your ethnic origin?

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black or Black British African |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black or Black British Caribbean |
| <input type="checkbox"/> White Traveller of Irish Heritage | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> White Gypsy Roma | <input type="checkbox"/> Mixed White and Black African |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Mixed White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Mixed White and Asian |
| <input type="checkbox"/> Asian or Asian British Chinese | <input type="checkbox"/> Any other Mixed background |
| <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Any other ethnic background |
| <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Any other Asian background | |

2. What is your religion or belief?

- No religion
 Buddhist
 Christian
 Hindu
 Jain
 Jewish
 Muslim
 Sikh
 Other
 I prefer not to say

3. Which of the following best describes your sexual orientation?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> I prefer not to say |

Your needs, care and diagnosis

Tell us more about your needs by ticking one box for each of the following 8 questions.

If you tick more than one answer we will always record the most severe of your chosen answers, for consistency

1. Do you have a learning difficulty or learning disability?

- No
 Mild learning difficulty or learning disability
 Moderate learning difficulty or learning disability
 Severe learning difficulty or learning disability
 Profound learning difficulty or learning disability
 Specific learning difficulty (e.g. Dyslexia, Dyspraxia)

2. Do you have any difficulties with communication?

- No
 I have limited understanding or difficulties expressing myself
 I rely on gestures, aids or other people to express my needs

3. Do you have any problems with your sight?

- No
- Mild (e.g. I can't recognise a friend across the road)
- Moderate (e.g. I need glasses to watch TV or look at a book)
- Severe (e.g. I am registered as partially sighted or can't tell by the light where windows are)
- I am registered blind

5. Do other people say that they find your behaviour difficult?

- Not difficult
- Mildly difficult (e.g. because sometimes I feel very sad, afraid or worried)
- Moderately difficult (e.g. because I get into arguments or fall out with friends quite a lot)
- Very difficult (e.g. because I can be aggressive, destructive, might shout a lot or hurt myself on purpose)

7. Do you need help with things like washing, dressing or eating?

- No
- I need a bit of extra help or reminding
- I rely on other people for my personal care

Please tick any of the following conditions that apply to you:

- Acquired brain injury
- Anxiety
- Arthritis
- Asperger Syndrome
- Asthma
- Attachment Disorder
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autistic spectrum condition (ASC)
- Blood disorders
- Cancer or leukaemia
- Cerebral Palsy
- Cystic Fibrosis
- Depression
- Diabetes
- Down's Syndrome
- Dyslexia or specific learning difficulty
- Dyspraxia or coordination difficulties
- Eczema
- Emotional and behavioural difficulties
- Epilepsy
- Global Developmental Delay
- Hearing impairment

4. Do you have hearing problems?

- No
- Mild (e.g. I can't hear someone calling to me in the street)
- Moderate (e.g. I can't clearly hear words spoken closely to them, or my hearing is better with a hearing aid)
- Severe (I am profoundly or totally deaf)

6. Do you have problems moving around?

- No
- Moderate difficulties (e.g. I need help or walking aids, or I get tired very quickly)
- Severe difficulties (e.g. I need a wheelchair to get about outdoors)
- I am a full time wheelchair user (I need my wheelchair at home and outdoors)

8. Do you need extra help when you go to the toilet?

- No
- I need a bit of extra help or reminding
- I'm incontinent at night
- I'm incontinent both day and night

- Heart condition
- Hydrocephalus
- Metabolic disorders
- Muscular Dystrophy
- Myalgic Encephalomyelitis (ME/Chronic Fatigue Syndrome)
- Obsessive Compulsive Disorder
- Oppositional Defiance Disorder
- Pathological Demand Avoidance
- Pervasive Developmental Disorder
- Renal disorders
- Sensory processing disorder (please circle the relevant senses – hearing / seeing / touch / smell / taste / balance / body position)
- Skeletal disorders
- Skin condition
- Speech and language difficulties
- Spina Bifida
- Tourette's Syndrome or other tic disorder
- Visual impairment
- Genetic syndrome (please give name).....
- Named syndrome (please give name).....
- Any other condition (please give details)

Do you receive Disability Living Allowance (DLA) or Personal Independence Payment (PIP)?

- Yes No Awaiting outcome

Do you need someone with you all the time, to help keep you safe? Yes No

How do you usually sleep? Good OK Badly

Do you have any problems with eating? (e.g. physical eating problems or sensory difficulties around eating food)

- Yes No Not sure

Do you need medical treatment every day? (e.g. taking medicines, physiotherapy, asthma pump) Yes No

If yes, does anybody help you with this? (e.g. my parent, my support worker) Yes No

Has this person received enough training and support to help you? Yes No Not applicable

Do you need to use an adult-sized changing bench or be laid on your bed when you change your clothes? Yes No

Do you use a hoist-assisted toilet at home? Yes No but I need one No and I don't need one

Do you need to use a hoist-assisted toilet or adult-sized changing bench when outside the home? Yes No

Approximately how many days have you spent in hospital in the last year?

0 1-5 6-10 11-15 16-20 21+

Approximately how many health-related appointments have you had in the last year? (including Annual Health Checks for young people aged 14 and over with a learning disability) 0 1-5 6-10 11-15 16-20 21+

If you have a GP, do they have a good understanding of your health needs? (this might include your mental health needs)

Yes No Not applicable

Are you registered with a dentist? Yes No

If yes, are you happy with your dentist Yes No

Your Housing (the young person)

Is your housing right for you? Yes No

Do you live at home with your family? Yes No

If you live with your family, what type of housing is it? House Flat Bungalow Other

Do you know if it is (circle one option): Owned / Shared ownership scheme / Private rented / Rented from the council / Rented through housing association / I don't know

If you don't live with your family, where do you live? I live in my own flat or house / I live in supported housing / I live in residential care / Other

Your Transport (the young person)

Do you or your family own a car? Yes No

Or do you or your family lease a car through the Motability Scheme? Yes No

Do you travel by bus or train? Yes No

Are you able to travel on your own? (including on a bus or train) Yes No

Your Education, Training, Work and Volunteering (the young person)

Do you have an Education, Health and Care Plan (EHC Plan) or Statement? Yes No

Have you ever been bullied at school or college? Yes No Don't know

Have you ever been bullied away from school or college? Yes No Don't know

Have you ever been involved in bullying others? Yes No Don't know

Are you doing any training? (e.g. work skills) Yes No

Do you have a paid job or are you a volunteer somewhere? (circle ALL that apply to you)

No / I have a paid job / I am a volunteer

Services Used and/or Needed (the young person)

1. Tell us which services you have used in the last year by ticking the 'I get' box
2. Tell us which services you don't get, but you think would help you, by ticking the 'I need' box (even if you've been refused the service or you know there is a long waiting list). This info helps to tell us which services are most needed. It won't result in us contacting these services on your behalf but we might be able to send you info about them in the future
3. Tick **both boxes** if you are getting a service but you feel that you need more of it

Continued overleaf...

Health

- | I get | I need |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Adult Mental Health Services |
| <input type="checkbox"/> | <input type="checkbox"/> Alternative/Complementary Therapies |
| <input type="checkbox"/> | <input type="checkbox"/> Behaviour Support Team |
| <input type="checkbox"/> | <input type="checkbox"/> Bladder and Bowel Service |
| <input type="checkbox"/> | <input type="checkbox"/> Community Health Team |
| <input type="checkbox"/> | <input type="checkbox"/> Dietician |
| <input type="checkbox"/> | <input type="checkbox"/> Hospital Consultant or Specialist |
| <input type="checkbox"/> | <input type="checkbox"/> Hydrotherapy |
| <input type="checkbox"/> | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> | <input type="checkbox"/> Physical Disability Service |
| <input type="checkbox"/> | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> | <input type="checkbox"/> Sexual Health services |
| <input type="checkbox"/> | <input type="checkbox"/> Speech and Language Therapy |
| <input type="checkbox"/> | <input type="checkbox"/> Substance Misuse services |
| <input type="checkbox"/> | <input type="checkbox"/> Wheelchair Service |

Social Care

- | I get | I need |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> 16 Plus Support Team |
| <input type="checkbox"/> | <input type="checkbox"/> Adaptations or special equipment |
| <input type="checkbox"/> | <input type="checkbox"/> Adult Social Care Social Worker or Care Manager |
| <input type="checkbox"/> | <input type="checkbox"/> Advocacy Service (e.g. West Sussex Connect to Support) |
| <input type="checkbox"/> | <input type="checkbox"/> Community Learning Disability Team |
| <input type="checkbox"/> | <input type="checkbox"/> Social Worker or Care Manager |
| <input type="checkbox"/> | <input type="checkbox"/> Community Support in your home or out and about (e.g. Grace Eyre) |
| <input type="checkbox"/> | <input type="checkbox"/> Direct Payments or Personal Budgets |
| <input type="checkbox"/> | <input type="checkbox"/> Learning Disability Service |
| <input type="checkbox"/> | <input type="checkbox"/> Transport (including to and from college or day service) |

Education, Training and Employment

- | I get | I need |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Dialogue Therapeutic & Family Services (community- based counselling) |
| <input type="checkbox"/> | <input type="checkbox"/> Educational Psychology Service |
| <input type="checkbox"/> | <input type="checkbox"/> Independent Training Provider or Apprenticeship Scheme |
| <input type="checkbox"/> | <input type="checkbox"/> Other independent information, advice and guidance |
| <input type="checkbox"/> | <input type="checkbox"/> Supported Employment Service |
| <input type="checkbox"/> | <input type="checkbox"/> Volunteer programme (e.g. Youth Action Sussex, Princes Trust) |

Voluntary Organisations and Other Services

- | I get | I need |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Amaze Independent Support Service |
| <input type="checkbox"/> | <input type="checkbox"/> Blue Badge |
| <input type="checkbox"/> | <input type="checkbox"/> Carers Support West Sussex |
| <input type="checkbox"/> | <input type="checkbox"/> Chestnut Tree House |
| <input type="checkbox"/> | <input type="checkbox"/> Leisure and sporting clubs |
| <input type="checkbox"/> | <input type="checkbox"/> National or local support groups |
| <input type="checkbox"/> | <input type="checkbox"/> Other national or local charity |
| <input type="checkbox"/> | <input type="checkbox"/> Outreach 3Way |
| <input type="checkbox"/> | <input type="checkbox"/> Social clubs or groups |
| <input type="checkbox"/> | <input type="checkbox"/> West Sussex Disabled People Association |
| <input type="checkbox"/> | <input type="checkbox"/> Young People's Service |

Housing Support

- | I get | I need |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Shared Lives (Carers who look after you in their own home) |
| <input type="checkbox"/> | <input type="checkbox"/> Supported Living |
| <input type="checkbox"/> | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> | <input type="checkbox"/> Support to live in your own flat (e.g. West Sussex Connect to Support) |

Are there any other services not listed ?

If so please add them here and say if you get them or don't but need them'

.....

Person completing this form

Amaze is registered under the Data Protection Act (2018). The information on this form will be processed and stored securely under data protection legislation and will be used for the following reasons only:

1. To contact you directly with updates about Compass Card West Sussex and other information that may be useful to you as a young person with SEND
2. Anonymously for general reporting and statistical purposes, to monitor and plan future resources and services provided by West Sussex education, health, social care and voluntary agencies.

Amaze needs consent to process and store the personal information on this registration form.

Please tick the option below that applies to you:

- I am the young person named on this registration form and I am aged 16 or over. The information I have given on this form is true to the best of my knowledge and I give consent for the personal information on this form to be processed by Amaze.

Signed: Date: Print name:.....

- The young person named on this registration form is aged 16 or over and I confirm that they are unable to complete and sign this form themselves. The information I have given on this form is true to the best of my knowledge and I give consent for the personal information on this form to be processed by Amaze.

Signed: Date: Print name:.....

Relationship to child/young person* (e.g. parent, foster carer)

*Amaze may need to confirm that you are able to give consent for their personal info to be shared with Amaze

Two cards in one - Compass Card and West Sussex library card

Would you like to join West Sussex Library Service at the same time as registering on Compass West Sussex? West Sussex libraries can provide free access to a range of books and online resources, plus access to fun activities and events. If you would like to join the library we can arrange this as part of your Compass West Sussex registration. If you are already a library member but would like to combine your membership with your Compass Card we can also arrange this.

In order to take up this joint membership, you will need to give Amaze permission to share the following personal information with West Sussex Library Service. They will only use it for the purposes of setting up your library membership, it will not be shared with any other part of the County Council: **1.** Your name **2.** Your address **3.** Your gender **4.** Your date of birth **5.** Your phone number **6.** Your email address (if you have one) **7.** The barcode number and expiry date on your Compass Card **8.** Your existing library card number if you want to combine it with your Compass Card

Please let us know your preference:

Yes, I would like my Compass Card to also be my West Sussex Libraries Card, and I give permission for Amaze to share the personal information listed above with West Sussex Library Service for the purposes of setting up my library membership.

If you already have a West Sussex library card and you would like to combine it with your Compass Card, please add the 9-digit library card barcode number here:

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

No, I do not want my Compass Card to also be my West Sussex Libraries Card so do not share any of my information with West Sussex Library Service.

Receiving your Compass Card

Thank you for completing this form and registering on Compass West Sussex. Please return the completed form (no stamp needed) to: **AMAZE, FREEPOST SEA14216, BRIGHTON, BN1 3ZZ**

If you are eligible for a Compass Card, we aim to send the card out to you within three weeks. We will ask you to resubmit your information every two years and will send you a registration form in the post before your card expires, so do let Amaze know if you change address.

Amaze Email: CompassWSx@amazebrighton.org.uk Telephone: **0300 123 9186** www.compasscard.org.uk

