

Compass Registration Form for children and young people aged 0-17



What is The Compass?

The Compass is the children and young people's disability register for Brighton and Hove. It's held independently by Amaze for Brighton & Hove Children's Services. Registering on The Compass is voluntary – if you do register your child, the information you give is used anonymously to help improve local services for children and young people with special educational needs and disabilities (SEND).

The Compass Card

Once you've registered a child, you'll receive a Compass Card (a free leisure incentive card) along with our newsletter 3 times a year and regular updates on the issues, services and events that matter to you.

Can I register my child on The Compass?

You can register your child on The Compass if:

- They are under 25 years old and have special educational needs, disabilities or complex health needs that significantly affect their daily life. They will usually be eligible for Disability Living Allowance (DLA) or Personal Independence Payment (PIP), or have a statement of special educational needs, or Education, Health and Care Plan (EHC Plan)
- AND they live in Brighton and Hove or go to school or college here, or they are a Brighton and Hove 'looked after' child with special educational needs or disabilities

If you're not sure whether you can register your child on The Compass, or would like help with filling out the form, call our helpline on **01273 772289**.

Before you start filling in this form

- A parent, or carer with parental responsibility, should complete this form for children under 16. Although this form is designed for parent carers, children over 16 are welcome to complete their own form.
- Young people aged 18-24 should complete a young person's Compass Registration form. You can get one from our website at **www.amazebrighton.org.uk** or call our helpline on **01273 772289**.
- Fill in a separate form for each child in the family with special educational needs or disabilities. The more information you provide the better – but if questions, don't apply to you, just leave them blank.

Child's details

First name:

Surname:

Address:

Postcode:

Tel:

Date of birth:

Gender: male/female/other

GP Practice:

Parent carer's details

Title:

First name:

Surname:

Address (if different from above):

Postcode:

Relationship to child (e.g. parent, adoptive parent, grandparent, foster carer):

Email*:

Tel:

Mob:

* allows us to tell you about last-minute Compass Card special offers

How would you like to receive the Amaze newsletter? Email Post

Are you completing this form for a 'looked after' child? Yes No

If yes, please provide the name of the child's social worker:

Tel no: _____ Email: _____

(they will need to confirm, where legally required, that the parents have been informed or give their permission for Compass registration)

Questions about your child

Brothers and Sisters

How many brothers and sisters does your child have? (please circle one option) none / 1 / 2 / 3 / 4 / 5 / more than 5

Do any of them have special educational needs or disabilities? none / 1 / 2 / 3 / 4 / 5 / more than 5

Do the brothers/sisters share in the care of your child? yes / no / not applicable

Your child's needs, care and diagnosis

Tell us more about your child's needs by ticking one box for each question.

Some questions might not apply to your child. Leave those questions blank.

1. Does your child have a learning difficulty?

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

2. Does your child have any difficulties with communication?

- No
- Has limited understanding and/or difficulties expressing self
- Relies on gestures, aids or other people to express their needs

3. Does your child have visual problems?

- No
- Mild (e.g. can't recognise a friend across the road)
- Moderate (e.g. needs glasses to watch TV or look at a book)
- Severe (e.g. can't tell by the light where windows are)
- Registered blind

4. Does your child have hearing problems?

- No
- Mild (e.g. doesn't hear someone calling to them in the street)
- Moderate (e.g. hearing could be improved with a hearing aid)
- Severe (profoundly or totally deaf)

5. Does your child have challenging behaviour?

- No
- Mild (e.g. often miserable, afraid or worried)
- Moderately (e.g. gets into arguments or falls out with other children quite a lot)
- Severe (e.g. can be aggressive, destructive, often shouts or hurts self)

6. Does your child have mobility problems?

- No (is fully mobile)
- Moderate difficulties (e.g. needs help or walking aids, or tires very quickly)
- Severe difficulties (e.g. needs a wheelchair to get about)

7. What personal care (e.g. washing dressing, feeding) does your child need?

- About what you would expect for their age
- Needs extra help or reminding
- Dependent on others for all personal care

8. Are your child's toileting skills about what you would expect for their age?

- Yes
- Needs help or reminding
- Incontinent at night
- Incontinent both day and night

Please tick any of the following conditions that apply to your child:

- | | |
|--|--|
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Down's Syndrome |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dyslexia or specific learning difficulty |
| <input type="checkbox"/> Attachment Disorder | <input type="checkbox"/> Dyspraxia or coordination difficulties |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Autistic spectrum condition | <input type="checkbox"/> Emotional and behavioural difficulties |
| <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Cancer or leukaemia | <input type="checkbox"/> Genetic syndrome (please give name) |
| <input type="checkbox"/> Cerebral Palsy | |
| <input type="checkbox"/> Global Developmental Delay | <input type="checkbox"/> Pathological Demand Avoidance |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Pervasive Developmental Disorder |
| <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> Renal disorders |
| <input type="checkbox"/> ME/Chronic Fatigue Syndrome | <input type="checkbox"/> Skeletal disorders |
| <input type="checkbox"/> Metabolic disorders | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Speech and language difficulties |
| <input type="checkbox"/> Named syndrome (please give name) | <input type="checkbox"/> Spina Bifida |
| | <input type="checkbox"/> Tourette's Syndrome or other tic disorder |
| <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Any other condition (please give details) |
| <input type="checkbox"/> Oppositional Defiance Disorder | |

Does your child have a condition that requires medical treatment or intervention every day?

(e.g. taking medicines, physiotherapy, asthma pump) Yes No

If yes, who provides this care?

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

How many days has your child spent in hospital in the last year? 0 1-5 6-10 11-15 16-20 21+ **(circle one option)**

How many health-related appointments have they had in the last year? 0 1-5 6-10 11-15 16-20 21+

If your child has a GP, do they have a good grasp of your child's needs? Yes No Not applicable

Is your child registered with a dentist? Yes No

If yes, are you satisfied with their treatment? Yes No

Does your child need constant supervision? Yes No

Does your child receive Disability Living Allowance (DLA) or Personal Independence Payment (PIP)?

Yes No Awaiting outcome

Has your child ever had an Early Help Assessment? (used to be called a CAF/TAF) Yes No

Your child's housing

Is your child's housing adequate for their needs? Yes No

What type of housing is it? House Flat Bungalow Other

Is it: owned / shared ownership scheme / private rented / rented from local authority / rented through housing association / other **(circle one option)**

Your child's transport

Does your family own a car? Yes No

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

Does your child travel by bus or train? Yes No

Is your child able to travel independently (that is, on their own)? Yes No

Your child's education

What's the name of your child's nursery, school, college or special unit (if more than one, please list all)?

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If it's outside Brighton and Hove, where is it?

Does your child board there? Yes No

Does your child have a Statement or an Education, Health and Care Plan (EHC Plan)? Yes No
(EHC Plans are only for children with special educational needs or disabilities and are replacing statements of SEN)

If no, are they getting other SEN support at school? Yes No

Has your child been excluded from school in the past year? no / at risk of exclusion / temporary exclusion / permanent

Has your child been informally excluded in the past year? (e.g. you've been asked to collect them before school finishes)
Yes No

If your child has been formally/informally excluded in the past year, could you name the school(s) involved below?

.....

Has your child ever experienced bullying at school? Yes No

Has your child ever experienced bullying out of school? Yes No

Because of their additional needs, have they been involved in bullying others? Yes No

Services used and/or needed by your child

1. Tell us which services your child has received in the last year by ticking the Receiving box
2. Tell us which services your child doesn't receive, but you feel they would benefit from, by ticking the Needed box (even if the service has been refused to your child or you know there is a long waiting list)
3. Tick both boxes if you're child has received a service in the last year but you feel they need more of it

Health

Receiving	Needed	
<input type="checkbox"/>	<input type="checkbox"/>	Hospital Paediatrician (a paediatrician is a doctor who specialises in treating children)
<input type="checkbox"/>	<input type="checkbox"/>	Community Paediatrician (e.g. paediatrician at Seaside View Child Development Centre)
<input type="checkbox"/>	<input type="checkbox"/>	Community Paediatric Nurse (e.g. Home Care Tram or School Nurse for children with disabilities)
<input type="checkbox"/>	<input type="checkbox"/>	Specialist Health Visitor
<input type="checkbox"/>	<input type="checkbox"/>	Family Health Visitor
<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Physiotherapy
<input type="checkbox"/>	<input type="checkbox"/>	Speech and Language Therapy
<input type="checkbox"/>	<input type="checkbox"/>	CAMHS (Child and Adolescent Mental Health Service)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative/Complementary Therapies
<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair and Special Seating Service

Education

Receiving	Needed	
<input type="checkbox"/>	<input type="checkbox"/>	Language Support Service
<input type="checkbox"/>	<input type="checkbox"/>	Literacy Support Service
<input type="checkbox"/>	<input type="checkbox"/>	ASCSS (Autistic Spectrum Condition Support Service)
<input type="checkbox"/>	<input type="checkbox"/>	Behaviour Support (e.g. Behaviour & Inclusive Learning Team)
<input type="checkbox"/>	<input type="checkbox"/>	PRESENS (Pre-school Special Educational Needs Service)
<input type="checkbox"/>	<input type="checkbox"/>	Transport to school
<input type="checkbox"/>	<input type="checkbox"/>	Transport and escort to school
<input type="checkbox"/>	<input type="checkbox"/>	Belltree Music Therapy Centre
<input type="checkbox"/>	<input type="checkbox"/>	Use of special educational equipment at school
<input type="checkbox"/>	<input type="checkbox"/>	Educational Psychology Service
<input type="checkbox"/>	<input type="checkbox"/>	Sensory Needs Service

Social Care

- | I get | I need | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Children's Disability Service Social Worker |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Social Worker |
| <input type="checkbox"/> | <input type="checkbox"/> | Residential short breaks (respite care) |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's Disability Team Outreach |
| <input type="checkbox"/> | <input type="checkbox"/> | Link Plus Service (Barnardo's) |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Support Worker |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Family Worker (e.g. Safety Net Families Team, Linx Family Support or Early Years Visitor) |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Coach (Integrated Team for Families) |
| <input type="checkbox"/> | <input type="checkbox"/> | Foster Placement |
| <input type="checkbox"/> | <input type="checkbox"/> | Adaptations or special equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | Help/Advice (including financial) |
| <input type="checkbox"/> | <input type="checkbox"/> | Transport (not to and from school – see Education above) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sensory Loss Team |
| <input type="checkbox"/> | <input type="checkbox"/> | Direct Payments or Personal Budgets |

Voluntary organisations and other services

- | I get | I need | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Amaze |
| <input type="checkbox"/> | <input type="checkbox"/> | Blue Badge |
| <input type="checkbox"/> | <input type="checkbox"/> | Childminder |
| <input type="checkbox"/> | <input type="checkbox"/> | Counselling |
| <input type="checkbox"/> | <input type="checkbox"/> | Crossroads Care |
| <input type="checkbox"/> | <input type="checkbox"/> | Triangle |
| <input type="checkbox"/> | <input type="checkbox"/> | After school play schemes (please name, e.g. extratime) |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Holiday play schemes (please name, e.g. Cherish) |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Leisure and sporting clubs
(please name, e.g. Adventure Unlimited) |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | National or local support groups (please name) |
| | | |

Are there other services you receive or need?

Ethnic monitoring

The 1989 Children Act asks that we consider your child's ethnic origin. Please tick one ethnic group:

White

- White British
- White Irish
- White Traveller of Irish Heritage
- White Gypsy Roma
- Any other White background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black or Black British

- African
- Caribbean
- Any other Black background

Mixed/Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple background
- Any other ethnic background
- I'd rather not say

What is the main language you speak at home?

Person completing this form

I declare that the information I have given on this form is true to the best of my knowledge

Signed:

Date:

Print name:

Status: parent carer / other carer / young person over 16 / professional
(please specify type of professional below, e.g. Support Worker)

.....

Where did you hear about The Compass?

.....

Was this form easy / okay / hard to fill out? (circle one option)

Thank you for completing this form and registering on The Compass. If your child is eligible for a Compass Card, we aim to send your card out to you within three weeks. We'll ask you to update your information every two years.

Please return this form (no stamp needed) to: **AMAZE, FREEPOST SEA14216, BRIGHTON, BN1 3ZZ**



Amaze is registered under the Data Protection Act (1998).
The information from this form will be held on computer and will be used anonymously for general reporting and statistical purposes to monitor and plan future resources and services provided by the city's education, health, social care and voluntary agencies.