

COMPASS REGISTRATION FORM

The Compass is a database of children and young people with significant special needs who live or go to school in Brighton & Hove, or who are 'looked after' by the city. It's held independently by Amaze for Brighton & Hove Children's Services. Registering on The Compass is voluntary.

Once you've registered a child, the details are collated and used anonymously to help service providers plan local services. You'll also receive a free leisure incentive card - the Compass Card - along with our newsletter and regular updates on the issues and services that matter to you.



Before you start

- Children eligible for The Compass are under 20 and have special educational needs, disabilities or complex health needs that significantly affect their daily life. They'll 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 (EHCP). If you are not sure whether your child qualifies, call our helpline.
- 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.
- Fill in a separate form for each child in the family with special needs
- The more information you provide the better - but if questions don't apply to you, just leave them blank.
- For help with the form or for information on Amaze's services, call our helpline on 01273 772289 or visit www.amazebrighton.org.uk

Child's details

First name: _____ Surname: _____
Address: _____ Tel no: _____

Date of birth: / /
Postcode: _____
Female ☐ Male ☐

Your child's GP and practice: _____

Parent/carers' details

First name: _____ Surname: _____
Address (if _____ Title: _____
different from _____
above) _____ Home tel: _____
Postcode: _____ Mobile: _____
Relationship to child (e.g. parent, adoptive parent, grandparent, foster carer) Email*: _____

* (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 _____

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

Do any other adults have a major share in the care of your child? **yes/no**

Do you usually get a complete night's sleep? **yes/no**

Do you or another main carer have a disability or long term health problem? **yes/no**

Brothers and sisters

Does your child have brothers and sisters? **yes/no** If **yes**, how many? _____

Do any of them have special needs? **yes/no** If **yes**, how many? _____

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

Your child's needs, care and diagnosis

PLEASE DESCRIBE YOUR CHILD'S SPECIAL NEEDS (for example, you could include what your child can and can't do and any diagnosis like autism or cerebral palsy)

Tell us more about your child's needs by ticking **one** box for each question. Please note, some questions may not apply to your child. Leave these 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 (eg. dyslexia, dyspraxia)

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

- ☐ Yes
- ☐ Has limited understanding and/or difficulties expressing self
- ☐ Relies on gestures, aids or other people to express needs

3. Does your child have visual problems?

- ☐ No
- ☐ Mild (eg. can't recognise friend across road)
- ☐ Moderate
- ☐ Severe (eg. can't tell by the light where windows are)
- ☐ Registered blind

4. Does your child have hearing problems?

- ☐ No
- ☐ Mild (eg. doesn't hear if their name is called in the street)
- ☐ Moderate (eg. hearing could be improved with a hearing aid)
- ☐ Severe (profoundly or totally deaf)

5. Does your child have challenging behaviour?

- ☐ No
- ☐ Mild (eg. often miserable, afraid or worried)
- ☐ Moderate
- ☐ Severe (eg. is aggressive, destructive, often shouts, hurts self)

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

- ☐ Yes (fully mobile)
- ☐ Moderate difficulties (needs help or walking aids or tires very quickly)
- ☐ Severe difficulties

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

- ☐ About what you would expect for their age
- ☐ Needs extra help/prompts
- ☐ Dependent on others

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

- ☐ Yes
- ☐ Needs help/prompts
- ☐ Incontinent at night
- ☐ Incontinent

Does your child have a condition that requires medical treatment or intervention every day? (eg. medication, physiotherapy, suction tube)

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+

How many medical 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

Is your child's housing adequate for their needs?

yes/no

Has your child ever been assessed as part of the Common Assessment Framework (CAF)?

yes/no

If yes, is the CAF still active?

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)?

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

Does your child board there? **yes/no**

Does your child have a statement of special educational needs (SEN) or Education, Health & Care Plan (EHCP)? **yes/no**
If **no**, are they getting support through School Action Plus/Early Years Action Plus? **yes/no**

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

Has your child been informally excluded in the last year (eg. you've been asked to collect them before school finishes)? **yes/no**

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

Has your child ever experienced bullying at school? **yes/no/don't know**
Has your child ever experienced bullying out of school? **yes/no/don't know**
Because of their special needs, have they been involved in bullying others? **yes/no/don't know**

Services used and/or needed

- Tell us which of these services you've received in the last year by ticking the 'receiving' box
- Tell us which services you don't receive, but feel your child would benefit from, by ticking the 'needed' box (even if you've been refused the service, or you know there's a long waiting list)
- Tick both boxes if you're receiving a service, but you feel you need more of it (for more information about any service please call Amaze or refer to our booklet 'Through the Maze').

receiving needed Health

- | | | |
|--------------------------|--------------------------|--|
| <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 (eg. paediatrician at the Seaside View Child Development Centre) |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Paediatric Nurse (eg. Home Care Team 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 |

receiving needed Education

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Language and Literacy Support Service for specific reading & writing difficulties |
| <input type="checkbox"/> | <input type="checkbox"/> | Language and Literacy Support Service for speech and language difficulties |
| <input type="checkbox"/> | <input type="checkbox"/> | Sensory Needs Service |
| <input type="checkbox"/> | <input type="checkbox"/> | ASCSS (Autistic Spectrum Condition Support Service) |
| <input type="checkbox"/> | <input type="checkbox"/> | ACE (emotional and behavioural difficulties) |
| <input type="checkbox"/> | <input type="checkbox"/> | PRESENS (Pre-school Special Educational Needs Service) |
| <input type="checkbox"/> | <input type="checkbox"/> | Portage |
| <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"/> | Use of special educational equipment at school |

receiving needed Social Care

- | | | |
|--------------------------|--------------------------|--|
| <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 (Barnardo's) |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Support Worker |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Family Worker (eg Family Link, Linx Worker or Early Years Visitor) |
| <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) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sensory Loss Team |
| <input type="checkbox"/> | <input type="checkbox"/> | Direct Payments |

Voluntary organisations and other services

receiving	needed		receiving	needed	
<input type="checkbox"/>	<input type="checkbox"/>	Counselling	<input type="checkbox"/>	<input type="checkbox"/>	Crossroads
<input type="checkbox"/>	<input type="checkbox"/>	Blue Badge	<input type="checkbox"/>	<input type="checkbox"/>	Amaze
<input type="checkbox"/>	<input type="checkbox"/>	Childminder	<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, BHIP)			
<input type="checkbox"/>	<input type="checkbox"/>	Leisure and sporting clubs (please name - e.g. Seagulls Specials, Adventure Unlimited)			
<input type="checkbox"/>	<input type="checkbox"/>	National or local support groups (please name)			

Are there other services you receive or need or services you'd like to comment on? (please add a sheet if you prefer)

Ethnic monitoring

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

White:	<input type="checkbox"/> British	Mixed:	<input type="checkbox"/> White and Black Caribbean
	<input type="checkbox"/> Irish		<input type="checkbox"/> White and Black African
	<input type="checkbox"/> Traveller of Irish Heritage		<input type="checkbox"/> White and Asian
	<input type="checkbox"/> Gypsy/Roma		<input type="checkbox"/> Any other Mixed Background
	<input type="checkbox"/> Any other White Background	Black or	<input type="checkbox"/> Caribbean
Asian or	<input type="checkbox"/> Indian	Black British:	<input type="checkbox"/> African
Asian British:	<input type="checkbox"/> Pakistani		<input type="checkbox"/> Any other Black background
	<input type="checkbox"/> Bangladeshi	Chinese:	<input type="checkbox"/>
	<input type="checkbox"/> Any other Asian background	Any other:	<input type="checkbox"/>

What is the main language you use at home? _____

Person completing this form

Title _____ First name _____ Surname _____

Status **parent/carer/young person over 16/professional (please specify)** _____

If your child has a statement of special educational needs, does Amaze have your permission to get a copy from the LEA (local education authority)? This helps us understand your child's needs **yes/no/not applicable**

Where did you hear about the Compass? _____

How easy was it to complete this form? **easy/ok/hard**

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

Signed..... Date.....

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

Please return the 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.



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