

# Compass Brighton & Hove Registration Form

for children and young people aged 0-17



## What is Compass Brighton & Hove?

Compass Brighton & Hove is the children and young people's disability register for Brighton & Hove. It is held by the charity Amaze on behalf of Brighton & Hove City Council. Registering on Compass is voluntary - if you do register your child or young person, the information you give is used anonymously to help plan local services for children and young people with special educational needs and disabilities (SEND). Once you've registered a child or young person, you will receive a Compass Card, which gives you access to discounted fun, leisure and sport.

## To check eligibility

Please visit [www.compasscard.org.uk/get-a-compass-card/](http://www.compasscard.org.uk/get-a-compass-card/) to see if your child or young person is eligible to register on Compass.

## Before you start your Compass Brighton & Hove registration or renewal form

This is the form for 0 to 17 year olds applying for a Compass Card. If the child or young person is 18 to 25 years old, you need to complete the 18 to 25 Compass form instead. You can get one from [www.compasscard.org.uk](http://www.compasscard.org.uk) or by calling **01273 772289** or by emailing [compass@amazesussex.org.uk](mailto:compass@amazesussex.org.uk).

Under 16s should have the form completed by a parent or carer with **parental responsibility**.

Young people aged 16 or 17 can complete the form themselves (with help if needed). If a young person aged 16 or over isn't able to complete the form themselves, a parent or carer with **parental responsibility** can complete it for them.

You don't have to fill in all the sections, but it's important for you to give us as much information as you possibly can. If we don't have enough information, there may be delays in receiving the Compass Card or we may not be able to issue a card.

## Child or young person's basic details

First name:

Last name:

Home address:

Postcode:

If you are a young person applying for your **own** Compass Card, please give a phone number and email address if you have one.

Phone number:

Email:

Date of birth:

Sex at birth (please circle): male / female

Gender identity (please circle): male / female / non-binary / other (please describe)

Main language spoken at home:

Name of nursery, school, college or special unit:

Name and address of GP surgery:

## About the person completing the form

**Complete this section if you are not the young person completing the form.** If you are a young person self-registering for a Compass Card, please move on to the next section.

**What is your relationship to the child or young person? (please circle)** Parent / Adoptive parent / Foster carer / Grandparent / Aunt or Uncle / Other, please state: \_\_\_\_\_

**First name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**Your address:** (if different from child or young person) \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Landline :** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Is the child or young person a 'looked after' child?** (A looked after child is under the care of the local authority)

Yes  No

If yes, please provide the name and contact details of their social worker. This is because we will need their consent to register the child or young person:

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Where did you hear about Compass Brighton & Hove?** \_\_\_\_\_

## Questions about the child or young person

### Siblings (brothers and sisters)

**How many siblings does the child or young person live with? (please circle)** 0 / 1 / 2 / 3 / 4 / 5 / more than 5

**Do any of them have special educational needs or disabilities? (please circle)** 0 / 1 / 2 / 3 / 4 / 5 / more than 5 / don't know

**Do siblings share in the care of your child or young person? (please circle)** yes / no / not applicable

### Please describe the child or young person's ethnic origin:

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

### What is the child or young person's religion or beliefs?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Jewish              |
| <input type="checkbox"/> Buddhist    | <input type="checkbox"/> Muslim              |
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Sikh                |
| <input type="checkbox"/> Hindu       | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Jain        | <input type="checkbox"/> I prefer not to say |

## Child or young person's diagnosis, needs and care

Please tick any of the following conditions that apply to the child or young person:

- |   |   |
|---|---|
| <input type="checkbox"/> Acquired brain injury                                  | <input type="checkbox"/> Hydrocephalus  |
| <input type="checkbox"/> Anxiety  | <input type="checkbox"/> Hypermobility  |
| <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Metabolic disorders  |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Myalgic encephalomyelitis (ME) or chronic fatigue syndrome (CFS)   |
| <input type="checkbox"/> Attachment disorder                                    | <input type="checkbox"/> Obsessive compulsive disorder  |
| <input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD)        | <input type="checkbox"/> Oppositional defiance disorder   |
| <input type="checkbox"/> Autism (ASC, Asperger syndrome)                        | <input type="checkbox"/> Pathological demand avoidance  |
| <input type="checkbox"/> Blood disorders  | <input type="checkbox"/> Renal disorders  |
| <input type="checkbox"/> Cancer or leukaemia                                    | <input type="checkbox"/> Sensory processing difficulties (please circle):<br>sound / seeing / touch / smell / taste / balance /<br>body position / internal sensation |
| <input type="checkbox"/> Cerebral palsy   | <input type="checkbox"/> Skeletal disorders   |
| <input type="checkbox"/> Cystic fibrosis  | <input type="checkbox"/> Skin conditions  |
| <input type="checkbox"/> Depression   | <input type="checkbox"/> Social communication disorder (SCD)  |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Social, emotional and mental health (SEMH)   |
| <input type="checkbox"/> Down syndrome (T21)                                    | <input type="checkbox"/> Speech and language difficulties including<br>developmental language disorder (DLD)  |
| <input type="checkbox"/> Dyslexia or specific learning difficulty               | <input type="checkbox"/> Spina bifida   |
| <input type="checkbox"/> Dyspraxia or developmental coordination disorder (DCD) | <input type="checkbox"/> Tourette's syndrome or other tic disorder  |
| <input type="checkbox"/> Eating disorder  | <input type="checkbox"/> Visual impairment  |
| <input type="checkbox"/> Eczema   | <input type="checkbox"/> Named syndrome (give name) _____   |
| <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Any other condition (give details) _____   |
| <input type="checkbox"/> Foetal alcohol spectrum disorder (FASD)                |   |
| <input type="checkbox"/> Global developmental delay                             |   |
| <input type="checkbox"/> Hearing impairment                                     |   |
| <input type="checkbox"/> Heart condition  |   |

Tell us more about the child or young person's needs by ticking one box for each question. If any of the questions don't apply to the child or young person, please leave them blank.

**1. Does the child or young person have a learning difficulty or learning disability?**

- No  
 Mild learning disability  
 Moderate learning disability  
 Severe learning disability  
 Profound learning disability  
 Unsure

**3. Does the child or young person have visual problems?**

- No  
 Mild (wears glasses but can see well enough without them to do most things)  
 Moderate (needs to wear glasses all the time)  
 Severe (registered as sight impaired)  
 Registered as severely sight impaired

**2. Does the child or young person have any difficulties with communication?**

- No, it is as expected for their age  
 Has limited understanding and/or difficulties expressing self  
 Relies on gestures, aids or other people to express their needs

**4. Does the child or young person have hearing problems?**

- No  
 Mild (doesn't hear someone calling to them in the street)  
 Moderate (can't clearly hear words spoken closely to them or hearing could be improved with a hearing aid)  
 Severe (profoundly or totally deaf)

## Child or young person's diagnosis, needs and care

Tell us more about the child or young person's needs by ticking one box for each question.

**5. Does the child or young person receive Disability Living Allowance (DLA) or Personal Independence Payment (PIP)?**

- Yes  
 No

**If no, please tell us if any of the following apply:**

- Awaiting outcome  
 Appealing non-award  
 Need help to claim  
 Don't want to claim  
 Don't know about these benefits

**6. Does the child or young person display behaviour that challenges?**

- No  
 Mild (e.g. worried, fearful, easily upset or angered)  
 Moderate (e.g. dysregulated, highly anxious or distressed)  
 Severe (e.g. danger to themselves or others)

**7. Does the child or young person have mobility problems?**

- No (is fully mobile or too young to be 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 outdoors)  
 A full time wheelchair user (needs indoors and outdoors)

**8. What personal care (e.g. washing, dressing, feeding) does the child or young person need?**

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

**9. Does the child or young person have any issues with eating (e.g. physical eating problems or sensory difficulties)?**

- No  
 Yes  
 Not sure

**10. Are the child or young person's toileting skills what you would expect for their age?**

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

**11. Does the child or young person need to use a hoist-assisted toilet or changing facilities?**

- No  
 Yes

**12. Does the child or young person need constant supervision?**

- No  
 Yes

**13. How does the child or young person usually sleep?**

- Well  
 OK  
 Struggles

**14. Does the child or young person travel by public transport?**

- No  
 Yes - accompanied  
 Yes - unaccompanied

**15. Does the child or young person have a condition that requires medical treatment or intervention every day? (e.g. taking medicines, physiotherapy, asthma pump)**

- No  
 Yes

## Child or young person's diagnosis, needs and care

**How many health-related appointments has the child or young person had in the last 12 months?**

(including annual health checks for young people aged 14 and over with a learning disability)

(please circle) 0      1-5      6-10      11-15      16-20      21+

**How many days has the child or young person spent in hospital in the last 12 months?**

(please circle) 0      1-5      6-10      11-15      16-20      21+

**If the child or young person has a GP, do they have a good grasp of the child or young person's needs?**

Yes     No

**Is the child or young person registered with a dentist?**

Yes     No

**If yes, are you satisfied with the dental treatment they receive?**

Yes     No     Not applicable

## Child or young person's education

**Which of these education options apply to the child or young person?**

In a nursery, school, college     Home educated (through choice)     Too young to attend school or nursery

In a special unit     Home educated (not through choice)     Too old to attend school or college

**Is your child struggling to attend nursery/school/college regularly?**

Yes     No     Not applicable

**What support does the child or young person have at nursery, school or college?**

Education, Health and Care Plan (EHC Plan)

SEN support (e.g. 1-1 with TA, specialist teaching, special activity or group work)

None

**If the child or young person is at school or college, do they board there during the week?**

Yes     No     Not applicable

**Has the child or young person been officially excluded from school in the past 12 months?**

No     At risk of exclusion     Temporary exclusion     Permanent exclusion     Don't know

**Has the child or young person been informally excluded (in an unplanned way) from school in the past 12 months?**

Yes     No

**If yes, please tick all which apply:**

Sent home early     Parent carer asked to collect during school hours     Excluded from certain activities

Part-time timetable, without clear plan for reintegration     Internal exclusion for longer than is necessary

**Has the child or young person ever experienced bullying at school?**

Yes     No     Don't know

**Has the child or young person ever experienced bullying out of school?**

Yes     No     Don't know

## Services received and/or needed

**Receiving** Tell us which services the child or young person has received in the last 12 months by ticking the **Receiving** box.

**Needed** Tell us which services the child or young person doesn't receive but you feel they would benefit from by ticking the **Needed** box (even if the service has been refused or you know there is a long waiting list).

Tick **both boxes** if the child or young person has received a service in the last year but you feel they need more of it.

For more information on these services visit: [www.brighton-hove.gov.uk/special-educational-needs-and-disabilities](http://www.brighton-hove.gov.uk/special-educational-needs-and-disabilities)

### Health

#### Receiving Needed

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Audiology  |
| <input type="checkbox"/> | <input type="checkbox"/> | Bladder and bowel service (toileting and continence support)           |
| <input type="checkbox"/> | <input type="checkbox"/> | Community paediatric nurse   |
| <input type="checkbox"/> | <input type="checkbox"/> | Complementary therapies  |
| <input type="checkbox"/> | <input type="checkbox"/> | Dietician  |
| <input type="checkbox"/> | <input type="checkbox"/> | Health visitor   |
| <input type="checkbox"/> | <input type="checkbox"/> | Health visitor (specialist)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydrotherapy   |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupational therapy   |
| <input type="checkbox"/> | <input type="checkbox"/> | Paediatrician (community i.e. Seaside View child development centre)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Paediatrician (hospital)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Physiotherapy  |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychological therapy (e.g. play or music therapy, CBT, psychotherapy) |
| <input type="checkbox"/> | <input type="checkbox"/> | School nurse   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleep clinic   |
| <input type="checkbox"/> | <input type="checkbox"/> | Specialist CAMHS (Children and Adolescent Mental Health Service)       |
| <input type="checkbox"/> | <input type="checkbox"/> | Specialist dentist   |
| <input type="checkbox"/> | <input type="checkbox"/> | Speech and language therapy  |
| <input type="checkbox"/> | <input type="checkbox"/> | Wellbeing service for children and young people aged 4-25              |
| <input type="checkbox"/> | <input type="checkbox"/> | Wheelchair and seating service   |

### Community

#### Receiving Needed

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Advice services (e.g. benefits or careers advice)                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Amaze - information and advice services                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Amaze - peer support for parent carers                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Amaze - Amazing Futures   |
| <input type="checkbox"/> | <input type="checkbox"/> | Amaze - Amazing Careers   |
| <input type="checkbox"/> | <input type="checkbox"/> | AmazeXtra   |
| <input type="checkbox"/> | <input type="checkbox"/> | Blue badge  |
| <input type="checkbox"/> | <input type="checkbox"/> | Chestnut Tree House   |
| <input type="checkbox"/> | <input type="checkbox"/> | Childcare (pre-school, breakfast, after school clubs, holiday scheme) |
| <input type="checkbox"/> | <input type="checkbox"/> | Crossroads Care   |
| <input type="checkbox"/> | <input type="checkbox"/> | Food bank   |
| <input type="checkbox"/> | <input type="checkbox"/> | Local parent group/support  |
| <input type="checkbox"/> | <input type="checkbox"/> | National charity/support group  |
| <input type="checkbox"/> | <input type="checkbox"/> | Play, leisure and sporting activities                                 |

### Education, Training and Employment

#### Receiving Needed

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Autism support (BHISS)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Early years support (BHISS)                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational psychologist (BHISS)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Language support (BHISS)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Literacy support (BHISS)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Schools wellbeing service (mental wellbeing in schools)      |
| <input type="checkbox"/> | <input type="checkbox"/> | Sensory needs support (hearing or visual impairment - BHISS) |
| <input type="checkbox"/> | <input type="checkbox"/> | Social, emotional and mental health support (BHISS)          |
| <input type="checkbox"/> | <input type="checkbox"/> | EMAS (Ethnic Minority Achievement Service)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | EOTAS (Education Other Than at School)                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Home to school transport                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Home to school transport with escort                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Independent travel training                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Employment Services                                    |

### Social Care/Other

#### Receiving Needed

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Adaptations or special equipment                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Child disability outreach team                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Direct payments or personal budgets                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Foster placement   |
| <input type="checkbox"/> | <input type="checkbox"/> | Front door for families  |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Hub support (Early Help, family coach, parenting support) |
| <input type="checkbox"/> | <input type="checkbox"/> | Link Plus service  |
| <input type="checkbox"/> | <input type="checkbox"/> | Short breaks (respite, holidays schemes)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Short breaks (residential i.e. Drove Road, Chailey Heritage)     |
| <input type="checkbox"/> | <input type="checkbox"/> | Specialist community disability service (social worker, SWARO)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth offending services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth services (e.g. Allsorts, BYC, TDC, YMCA)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other social worker (not disability service)                     |

**Are there any other services not listed?** Please say which and if your child or young person receives and or needs them:

## Communication preferences

Please let us know if you would like Amaze to email you about the following, we will never pass these details on to other agencies.

**Compass news and offers** Would you like to know about free Compass Days, free tickets, one-off theatre and show offers and new Compass Card discounts? Yes please\*

**Targeted Emails about local SEND (Special Educational Needs & Disabilities) issues** We occasionally contact parent carers about consultations, surveys, events, new services they might be interested in based on the information you have provided on this form. Would you like to receive these? Yes please\*

**Amaze newsletter** Would you like to receive our termly e-newsletter 'Out of Amaze' packed full of information about Amaze services and local services and groups for children and families? Yes please\*

\*Please provide your email address (if you change your mind just let us know)

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## UK General Data Protection Regulation (UK GDPR)

Compass is part of Amaze, please confirm that you are happy for Amaze to process the parent carer and child/young person's data provided in this form. Our privacy policy can be found here:

[www.compasscard.org.uk/amaze-privacy-statement](http://www.compasscard.org.uk/amaze-privacy-statement)

I confirm that the information I have given on this form is true to the best of my knowledge and I give consent for Amaze to process this data  Date: \_\_\_\_\_

### For children aged 0 to 15 years:

Parent carer signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

### For Young People aged 16 or 17 years

Young Person's signature \_\_\_\_\_ Print Name: \_\_\_\_\_

Are you happy for us to discuss your Compass application with your parent carer? Yes 😊  No ☹️

### Tick if relevant:

My young person is aged 16 or 17 but they are unable to consent or sign the form themselves

Parent carer signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## Receiving your Compass Card

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

If your child or young person is eligible for a Compass Card, we aim to send the card within five weeks. We will ask you to resubmit your child or young person's information every two years and will contact you before their card expires. Please let Amaze know if your email or postal address changes.

Email: [compass@amazesussex.org.uk](mailto:compass@amazesussex.org.uk)

Phone: **01273 772289**

[www.compasscard.org.uk](http://www.compasscard.org.uk)



