****

**i-go The Children’s**

**Additional Needs Register**

**Application Form**

# Welcome

Thank you for applying for i-go. If you need help completing this form or need a version in large print, please contact the i-go Team:

Email: i-go@eastsussex.gov.uk

Website: <https://igo.eastsussex.gov.uk/>

Facebook: [www.facebook.com/igoEastSussex](http://www.facebook.com/igoEastSussex)

## What is the i-go card?

i-go is a scheme which aims to improve access to leisure for children and young people with Additional Needs in East Sussex. Cardholders benefit from:

* **special offers & events** from leisure partners
* **access to information** about each leisure partner to make visits easier

## Where can I use the i-go card?

The list is growing all the time and includes attractions, leisure centers and activities and clubs. For more information about our i-go leisure partners go to our website.

# Can I apply?

You can have an i-go card if you:

* are 0-25 years old **and**
* have a disability and/or special needs **and**
* live or receive education in East Sussex.

If you live in East Sussex, you can have an i-go card until your 26th birthday.

If you live outside East Sussex but receive education in East Sussex, you can have an i-go
card until you finish your education or until your 26th birthday (whichever comes first).

# How do I apply?

There are two ways to apply:

1. **Online**

Apply online at: [www.eastsussex.gov.uk/igo](http://www.eastsussex.gov.uk/igo)

1. **By Post**

Send the completed application form to the address below, no stamp is needed:

FREEPOST RTLR–KETS–SHBU
i-go Team

County Hall

Lewes
East Sussex
BN7 1UE

|  |
| --- |
| **Office Use Only** |
| Reference: |  |

# i-go logo in orange. card application form

\* means information is required

## Section 1 – Who is filling out the form

**Top of Form**

**Who is filling out this form?\***

[ ]  Parent Carer

[ ]  Young person 16 or older

## Section 2 – Eligibility

**Does the applicant live in East Sussex?\***

[ ]  Yes

[ ]  No

**Does the applicant receive an education in East Sussex?\***

[ ]  Yes

[ ]  No

**If you have answered ‘No’ to both of the above questions, then the applicant is not eligible to apply for i-go.**

**Select all that apply, must be at least one\***

[ ]  1. Education Health and Care Plan

[ ]  2. Additional Needs Plan

 (This could also be known as Specific Support Plan or Provision Map)

[ ]  3. Disability Living Allowance

[ ]  4. Personal Independence Payments

[ ]  5. Blue Badge

[ ]  6. Concessionary Disabled Person's Bus Pass

[ ]  7. Medical Diagnoses including a diagnosis of a mental health condition

[ ]  Autistic Spectrum Condition

[ ] Cerebral Palsy

[ ]  Dwarfism

[ ]  Epilepsy

[ ]  Hearing Impairment

[ ]  Social, Emotional & Mental Health

[ ]  Speech Impairment

[ ]  Visual Impairment

[ ]  8. Social, Emotional & Mental Health (No Medical Diagnoses)

(An Application Support form will need to be signed by health, education, and social care professional. Please find one enclosed.)

Top of Form

Bottom of Form

## Bottom of FormSection 3 – Education Services

**Education\***

[ ]  Mainstream school

[ ]  Specialist facility

[ ]  Electively home educated

[ ]  Special school

[ ]  College / Further education

[ ]  Independent non-maintained

[ ]  I'm not sure

[ ]  Not currently attending education

**Name of school/college/facility?\***

**Education services used by applicant**

[ ]  ASC (Autistic Spectrum Condition) Support

[ ]  Educational Psychologist

[ ]  ISEND Early Years Support

[ ]  Literacy Support

[ ]  Special Educational Needs Support (SEN)

[ ]  Social, Emotional and Mental Health Support

[ ]  Speech and Language Support

[ ]  Transport to school

[ ]  Use of special educational equipment at school

[ ]  Visual, Hearing and Multi-Sensory Impairment Support

If you have used or use any services that are not listed above, please write them here

## Section 4 – Contact Details

|  |
| --- |
| **Young Person’s Details\*** |
| First name(s) |  |
| Last name |  |
| Date of birth |  |
| Address |  |
| Postcode |  |
| If you are between 16-25 applying for yourself, please complete the phone number and email information below |
| Phone |  |
| Email |  |

|  |
| --- |
| **Parent / Carer Details \*** |
| Relationship to young person: |  |
| First Name(s) |  |
| Last Name |  |
| Address and postcode (if different from above) |  |
| Phone |  |
| Email |  |

**This application is for a: (Tick one box)**

[ ]  New application

[ ]  Renewal

[ ]  Replacing a lost, stolen, or damaged card

**Preferred young person’s name on card\***

There is a maximum of 26 characters for a name printed on a card, including spaces.

## Section 5 – Services Used

**Support Details - What adjustments does the applicant use to access the community?**

Select all options that are relevant to the applicant.

[ ]  1. Communication and interaction

[ ]  Specific software to support the development of language and

communication e.g., Primary Language Link, Talk Fitness Mastering Memory

[ ]  Use of specialist ICT equipment, apps and software enabling communication aids e.g. text or symbol to voice programmes

[ ]  Use of visual strategies to support communication e.g. communication in print supported text, visual models, pictures, symbols, mind-mapping

[ ]  Visual/kinaesthetic (social stories)

[ ]  2. Cognition and learning

[ ]  Easy read/plain English instructions

[ ]  Extra time to speak and listen

[ ]  3. Hearing impairment

[ ]  Hearing Loop, Hearing Aids

[ ]  Sign Language

[ ]  Visual supports

[ ]  4. Visual impairment

[ ]  Braille

[ ]  Menus/instructions etc in large print

[ ]  Specific software support

[ ]  5. Multisensory impairment

[ ]  Access to calm/quiet area

[ ]  Extra time to speak and listen

[ ]  6. Physical disabilities

[ ]  Adapted activities, for wheelchair users

[ ]  Care suites

[ ]  Handrails

[ ]  Hoist

[ ]  Ramps and level access

[ ]  7. Social, emotional, and mental health

[ ]  Key worker support

[ ]  Opportunities to develop a sense of belonging, esteem, independence,

 opportunities

[ ]  Therapeutic or counselling support

If the applicant has used or uses any services that are not listed above, please write them here

## Section 5 – Services Used Continued…

**Health services the applicant uses/has used**

Please select all that apply, if none continue to next section

[ ]  Alternative / Complementary Therapies

[ ]  Bladder and Bowel Service (toileting and continence support)

[ ]  Children's Community Nursing Team

[ ]  Dietician

[ ]  Family Health Visitor

[ ]  Paediatrician (a doctor who specialises in treating children)

[ ]  Hydrotherapy

[ ]  Occupational Therapy

[ ]  Physiotherapy

[ ]  Specialist CAMHS (Children and Adolescent Mental Health Service)

[ ]  Specialist Health Visitor

[ ]  Speech and Language Therapy

[ ]  Wheelchair and Special Seating Service

If the applicant has used or uses any services that are not listed above, please write them here

**Social care services you use/have used**

Please select all that apply if none continue to next section

[ ]  Adaptations or special equipment

[ ]  Children’s Disability Service Social Worker

[ ]  Children’s Disability Team Outreach

[ ]  Community Family Worker (e.g. Safety Net Families Team, Family Link Workers)

[ ]  Direct Payments or Personal Budgets

[ ]  Early Intervention Team Support

[ ]  Other (e.g. Social Worker)

[ ]  Residential Short Breaks (respite care)

[ ]  Sensory Services Team

If the applicant has used or uses any services that are not listed above, please write them here

## Section 5 – Services Used Continued…

**Voluntary services the applicant uses/has used**

Please select all that apply if none continue to next section

[ ]  After school clubs

[ ]  Amaze Services

[ ]  Care for the Carers

[ ]  Chestnut Tree House

[ ]  Childminder

[ ]  Counselling

[ ]  Crossroads Care

[ ]  Holiday play schemes

[ ]  Leisure and sporting clubs

[ ]  National or local support groups

[ ]  Special Educational Needs and Disability Information, Advice, and Support Service (SENDIASS)

If the applicant has used or uses any services that are not listed above, please write them here

## Section 6 – Equality and Diversity

These questions are about the applicant.

We want to make sure that everyone is treated fairly and equally and that no one gets left out. That's why we ask you these questions.

If you would rather not answer any of these questions, you don't have to.

**Gender**

[ ]  Male

[ ]  Female

[ ]  Prefer not to say

**Does the applicant identify as Transgender?**

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

## Section 6 – Equality and Diversity Continued…

**Which of these ethnic groups does the applicant belong to?**

Your ethnic group is about lots of things like where your family comes from and the language you speak.

[ ]  White British

[ ]  White Irish

[ ]  White Gypsy/Roma

[ ]  White Irish Traveller

[ ]  White other \*

[ ]  Mixed White and Black Caribbean

[ ]  Mixed White and Black African

[ ]  Mixed White and Asian

[ ]  Mixed other \*

[ ]  Asian or Asian British Indian

[ ]  Asian or Asian British Pakistani

[ ]  Asian or Asian British Bangladeshi

[ ]  Asian or Asian British other \*

[ ]  Black or Black British Caribbean

[ ]  Black or Black British African

[ ]  Black or Black British other \*

[ ]  Arab

[ ]  Chinese

[ ]  I would prefer not to say

If the applicants ethnic group was not listed or the applicant choses something that has an \* next to it, please tell us what it is.

**Does the applicant belong to a religion or belief?**

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

**If you have answered yes to the question above, which religion or belief is it?**

[ ]  Christian

[ ]  Buddhist

[ ]  Hindu

[ ]  Jewish

[ ]  Muslim

[ ]  Sikh

If you belong to a religion not listed, please write it here.

## Section 6 – Equality and Diversity Continued…

**Are you ... ?**

**Please note only complete if the applicant is 16 and over.**

[ ]  Bisexual

[ ]  Heterosexual/Straight

[ ]  Gay woman/Lesbian

[ ]  Gay man

[ ]  Prefer not to say

If the applicants feel their sexuality is not listed above, you can write it here.

## Section 7 – Terms & Conditions and Declaration

# Terms and conditions for i-go The Children and Young People’s Additional Needs Register

1. East Sussex County Council runs the i-go scheme. The Council decides the terms and conditions and has the right to make changes.

2. When you sign up to i-go, you are accepting our terms and conditions.

3. The Council issues the card, and it remains the Council's property. The Council has the right to decline, issue or withdraw the card at any time. The Council will inform you of any changes. If you wish, you will be able to leave the scheme at any time.

We may withdraw the card and remove your information if you:
- Misuse the card
- Fail to follow terms and conditions
- You do not meet the criteria for the card.
You will not be able to reapply.

4. By signing up to i-go you are agreeing to your or your child’s information to be on the register.

5. Only the person named on the card can use it. The card is not transferable to anyone else.

6. Please follow the guidelines for booking a venue or activity. This is in the Provider's terms and conditions on the i-go website.

7. Please contact us if you lose the card or your circumstances change. For example, a change of address, email, and eligibility status.
You can contact us here <https://igo.eastsussex.gov.uk/contact>

8. The Council will hold all personal information and use it in accordance with:
- The General Data Protection Regulations 2018
- Data Protection Act 2018.

9. The Council will hold all personal information until the card expires. The Council will delete your information after the expiry date. The Council will store all personal information securely.
For more information, please visit: <https://new.eastsussex.gov.uk/privacy/i-go-leisure-card>. You can view our privacy notice or contact the i-go team to get a copy.

10. The Council will not share any information to any unauthorised person. But where appropriate will use the information to contact you. This might be about relevant services, consultations and promotions.

11. We will keep your information from the date applied until the card expires. You will need to renew the card at the ages of 4, 11 & 16. Once the applicant turns 26, we will remove their information from the register.

12. If you wish to leave the scheme, please send us a letter, and enclose the card.
The i-go Team,
East Sussex County Council,
Children’s Services,
3rd Floor St Marks House,
14 Upperton Road,
Eastbourne, BN21 1EP.

## Section 7 – Terms & Conditions and Declaration

I certify that the information I have given is correct and I consent to the collection and use of my personal data to register with i-go The Children and Young People's Additional Needs Register and process my application for an i-go card. I understand that it is my responsibility to inform the i-go Team of any changes to circumstances or contact details.

You have the right to withdraw this consent at any time by sending us a letter and enclosing the card. To view our privacy notice, please go to <https://www.eastsussex.gov.uk/privacy/i-go-leisure-card/> or contact the i-go Team to obtain a copy. We will contact you (or your preferred contact) occasionally (about 4 emails a year) to tell you about our newest offers, share useful information or even ask if you would like to take part in consultations.

**If the applicant is under 16 this must be signed by a parent/carer. If the applicant is 16 or over either the applicant or a parent/carer can sign.**

|  |  |
| --- | --- |
| Signature: |  |
| Print name: |  |
| Relationship to applicant (if you are not the applicant): |  |
| Date: |  |