Children and Young People’s Additional Needs Register

# Should I sign this form?

You’ve been asked to sign this form to support an i-go applicant who has no medical diagnosis (including Social, Emotional, Mental Health Conditions). We need to know that they have a disability as defined by the **Equality Act 2010**.

The Equality Act says you have a disability if you ‘have a physical or mental impairment that has a substantial, adverse and long-term effect on your ability to carry out normal day-to-day activities’.

The focus is on the **effect**, rather than the diagnosis. So, ask yourself:

1. Does the applicant’s impairment have more than a small effect on their everyday life, making things more difficult for them?
2. Has it lasted at least 12 months, is likely to last 12 months, or is it likely to recur?
3. Does it have a more than minor adverse effect on their day-to-day living?

If you answered “yes” to all three questions you can sign this form.

Definition of disability under the Equality Act 2010 [Definition of disability under the Equality Act 2010 - GOV.UK (www.gov.uk)](https://www.gov.uk/definition-of-disability-under-equality-act-2010) And there are some useful examples about whether a mental health issue is a disability on the MIND website [www.mind.org.uk](http://www.mind.org.uk)

You can return this form by emailing it to us at i-go@eastsussex.gov.uk

If you are not sure or have any questions, please get in touch i-go@eastsussex.gov.uk

Tel: 01273 336044

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| --- | --- | --- | --- |
| Applicant’s full name: |  | Applicant’s date of birth |  |
| Applicant’s address (and postcode) |  |
| About you: |
| Name of person signing application support form |  | Relationship to applicant: |  |
| Job title/ position: |  | Organisation |  |
| Phone: |  | Email: |  |
| **Agreement**As a professional working with the applicant named above, I certify that I believe they have a disability or special need as defined by the Equality Act 2010 as detailed above, and believe they should be eligible for an i-go card (tick as appropriate):* Yes
 |
| Signature: |  | Date: |  |