

# Short Breaks Personal Budget Application Form Guidance Notes

# Using the Activities Unlimited Portal

The AU Portal is an easy to use, secure space where you can apply for and manage your Short Breaks Personal Budget account.

The first time you complete a form you will be asked to create a new portal account. It's quick and easy to register for an account.

To make sure the information you send to us is secure, you will need to log into this account every time you access the portal.

Once logged in, all information is stored securely in-line with our **organisational privacy notices**.

# Contents

Short	Breaks Personal Budget Application Form Guidance Notes	1
1.	Registering for the portal	2
2.	Logging into the portal	3
2.1	Working within the portal	3
3.	Submitting a Short Breaks Personal Budget application	4
3.1	Initial information about you and the person you are applying for	4
3.2	More information about main carer	5
3.3	More information about your child / young person	5
3.4	Feedback and submission of application	7

# 1. Registering for the portal

ome » Register a new account - step 1	Home » Register a new account - step 1	Home » Register a new account - step 1			
	Register a new account -	step 2			
narre * s this account being used in a professional capacity? perfy name	Email address *	Password policy Your password must meet the following requirements: • It must be at least 12 characters long			
House number or name	Confirm password *	It must contain at least one teller     It must contain only letters, digits, and     special characters     It must contain at least one upper-case letter     It must contain at least one numerical digit			
Area TournCity *	Back Next Cancel	In music containt at least offee special character.     It must be different to your current password It must he different to your previous 6 passwords.			
County		Click here to see the list of special characters:			

To register on the portal, you will first need to enter your name, address and phone number. On the next screen you will be prompted to enter your email and then choose a password.

Suffolk County Council	
Home » Register a new account - step 1	
Register a new account - step	3
We have just sent you an email to confirm your email address. Please enter the code this contains below. Use the back button below if you would like to change your email address and try again or Please send me a new code if you need another one. If you can't find this email, it may be in your spamijunk email folder. Code *	
Back Next Cancel Please send me a new code	

You will then be emailed a **unique verification code** which is **valid for 10 minutes**. Once it's expired you will need to begin the process again.

The registration process is only complete once the code is entered and accepted.

Please note: the code can take up to **5 minutes to arrive**. If it doesn't arrive after this time please:

- Check your spam folder (add **noreply@suffolk.gov.uk** to your trusted sender list to avoid future emails being sent to these folders),
- check with your email provider to make sure emails from <u>noreply@suffolk.gov.uk</u> are not being blocked, delayed or quarantined.

Once you have confirmed your portal account, you can <u>return to the Activities Unlimited Application</u> <u>Homepage</u> to begin your Short Breaks Personal Budget application.

# 2. Logging into the portal

# Evaluation Evaluation Evaluation Evaluation Evaluation Evaluation Evaluation Evaluation For additional security, we will confirm your account by sending an authentication code to your email address. Evaluation <t

To log into the portal and proceed with your application, use your email address and the password you used to register.

Each time you log in a **unique verification code** will be emailed to you. This is valid for **10 minutes** and can only be used once.

The code will usually **arrive within 5 minutes** (if it doesn't please check your spam folder as above).

Please allow time for the code to arrive before requesting another one. If you request a second verification code, the first code will no longer work.

# Warning - Your session will expire in 09:46 minutes Torono Torono Torono Print Save for later Create PDF Close Cose Cancel

2.1 Working within the portal

If you are inactive within the system for more than 10 minutes, a red banner will appear across the top of the screen to warn you that your session will expire in a further 10 minutes' time. If you do not opt to stay logged in, you will be automatically logged out after this time and any unsaved changes will be lost.

If you want to pause your application and come back at a later stage, you can save your progress at the bottom of each page. You can also print your form or save it as a PDF from this section.

Once an incomplete form has been saved, you have 28 days to finish your application. To return to a saved form, login in to the portal and click the "saved form" heading from the top menu.

#### **Submitting a Short Breaks Personal Budget application** 3.

## 3.1 Initial information about you and the person you are applying for

The first section of your short breaks personal budget application asks for some basic information about you, and the child you are applying for a personal budget for.

Request for in	nformation by Main Ca	rer				
Child/young person's details			Child/young person	Child/young person's details		
Please provide the name of Please DO NOT use the '+' applying for must be subm	I child/young person you are applying for in the button at the end of this field to add more than litted as a separate application.	box below. one child. Each child/yob	Please provide the nam Please DO NOT use the applying for must be s	ne of child/young person you are applying for in the <sup>a</sup> '+' button at the end of this field to add more than ubmitted as a separate application.	box below. one child. Each child/young person you are	
Please add details of all pe	rsons to be included in this form to be submitted to	the Local Authority	Please add details of	all persons to be included in this form to be submitted to	the Local Authority	
Tilly	Test		Forename	Surname	,	
			Tilly	Test		
Register or login to you	r portal accounts					
n order to submit an applicat	tion, you must first register as a portal user. You on	y need to complete this step once.	_			

Important: Please do not use the "plus" button for Short Breaks personal budget applications. In this instance, you must make a separate application for each child.

Please Note: Personal informa DO NOT have to complete thes	ation regarding the child/young persons email and telephone numb se questions (unless you wish to).	er are not mandatory so you			
Your Details (Portal User)					
First name	Tessa		Your Details (Portal User)		
Last name			First name	Tessa	
Last harre	Test				
Address	Endeavour House 8 Russell Road		Last name	Test	
	lpswich IP1 28X				
		4	Address	Endeavour House 8 Russell Road Ipseich IP1 28X	
Email	carole filby@suffoik gov sk				
Telephone	01234 567090		Email	carole filty@suffolk.gov.uk	
Who is the Assessment for?					
I am completing this form on	Someone else	-			
behalf of *				• ······ · ·	
Your relationship to person *	Parent	T	his section asks	for YOUR details as parent/carer.	
First name *	Tity				
Last name *	Test				
Data of hidh *			Who is the Assessment for?		
Date of birth	01-01-2015		I am completing this form on	Automation and a second s	
	Is date of birth estimated?		behalf of *	onimone area	•
Gender *	Female	•	Your relationship to person *	Parent	
Ethnicity *	White British	•	First name *		
			First hame	Tily	
Email			Last name *	Test	
Telephone					
			Date of birth *	01-01-2015	曲
	Address			Is date of birth estimated?	

Telephone	
This section ask	s for the details of the child or young person
you are applying	g for. If they have a separate email and
telephone numl	per you would like to give us you can, but

\*

Ethnicity \*

you do not have to.

Email

White British

**Communications and Marketing** 

Postcode

Search again Enter address

Property name House number or name

Street \*

Area Town/City \* County

We will use the contact details you give us to contact you about your account.

Suffol

IP1 280

If you would also like to receive information about the following, please check the boxes below:

Once registered and verified, you will be able to log in and track your application(s) at a later date

re this is captured correctly on the system

Please be aware that after submitting your application you will be required to email us evidence of any benefits or diagnoses you will be taken into account

Please Note: On the question below 'I am completing this form on behalf of' please ensure you select 'Someone else' to

Information on what short breaks and leisure activities are available General news and information about SEND provision in Suffolk

# 3.2 More information about main carer

# Information about Main Carer

General Information		
Have you previously applied to the Activities Unlimited Service within the last 2 years? *	○ Yes ● No	This section asks for more information about you as main carer, your caring role and responsibilities, and the impact these have on you and the rest of your
Main Carer Contact Number *	01234 567890	family.
Main Carer email address *	Sily tast@suffolk.gov.uk	Please note: you do not have to tell us about any
Main Carer Date of Birth	01-01-1969	benefits you receive. However, if you would like these taken into account then you must email
What is the first language in your household?	English	evidence of them to <u>info@activities-unlimited.co.uk</u>
Is an interpreter required?	⊙ Yes ● No	once you have submitted your application.
Main Carer doctor and surgery details:		
Main Carer Disabilities and We	blfare	
Do you consider yourself to	O Yes	
have a disability/physical or mental health need?	® No	
As the main carer are you in	○ Yes	
receipt of disability related benefits?	No	
This is payments for yourself and not for your child.		
Caring Responsibilities		
Do you have anyone with	○ Yes	
whom you can share caring	No	
on a regular basis in the same home or separate?		
Do you provide regular care	O Yes	
for other children, friends or	No	
family who have additional needs?		
This covers care provided to others (not the child you're applying for) both in the home and to others outside the home (relations/eideny person etc.)		
Caring Role Information		
For the next questions please	e indicate how your caring role impact each specific area	
Guidance: Rarely monthly, Sor	netimes is weekly, Quite Often multiple times weekly and Always is constantly	

Your health and wellbeing.	O Never	○ Rarely	Sometimes	O Quite Often	○ Always
Your quality of sleep.	O Never	O Rarely	Sometimes	O Quite Often	○ Always
Restricts your access to the community in relation to everyday tasks, such as shopping, attending medical appointments, school runs?	○ Never	○ Rarely	<ul> <li>Sometimes</li> </ul>	O Quite Often	○ Always
Restricts accessing work in the way you would like, or furthering your education and/or from pursuing the social and leisure activities that you would wish?	○ Never	○ Rarely	Sometimes	O Quite Often	○ Always
Restricts having quality time to spend with your other children/ partner/ other family members?	○ Never	○ Rarely	<ul> <li>Sometimes</li> </ul>	○ Quite Often	○ Always
Restricts spending time having fun as a family?	○ Never	○ Rarely	Sometimes	○ Quite Often	○ Always

# 3.3 More information about your child / young person

Child/young p	erson's details	This section asks for more information about the
Please select the age range	Primary School Age	needs of the child or young person you are applying
for your child/young person.		for including their educational placement any
Child/young person's doctor	Dr Smith, Smithtown Surgery, Suffolk	
and surgery details:		diagnoses they have and any specialist services they
Your relationship to	Parent	are supported by.
child/young person		
Minet is the total number of		If you click 'yes' to indicate your child is known to a
children in your household	2	in you click yes to indicate your clinic is known to a
aged 0 - 25 years?		particular service, sub-questions will then appear for
Please be aware that Activities		you to tell us more information.
support children/young people to		you to ten do more information
the age of 10		It is important that you list your shild's poods and
Do you have another	○ Yes	it is important that you list your child's needs and
child/ren to register with Activities Unlimited?	No	support as fully as possible, as this is what we then
, 10111100 0111111001		use to assess your application
What type of education	Specialist Unit within Mainstream School	use to assess your application.
provision does your child/young person attend?		
		Please note: you do not have to tell us about any
Does your child/young	O Yes	benefits you receive. However, if you would like these
person have any other educational service?	No	taken into account then you much small suidenes of
(e.g. Home Tutor / Pupil Referral		taken into account then you must email evidence of
Unit / No Provision)		them to info@activities-unlimited.co.uk once you
Please tell us about your	Full Time	have submitted your application
child/young person's		nave submitted your application.
attendance in education.		
How would you describe	Regular attendance	
your child/young persons		
attendance?		
Please provide information		
about your child/young		
you believe is relevant to		
this application.		
Does your child/young		
person have SEN Support	Tes O No O Awalling Decision	
which could include a		
Education, Health & Care		
Plan (EHCP)?		
le child/vound person in		
receipt of Disability Living		
Allowance (DLA)?		
If your young person is in receipt of PIP please answer 'No' to this		
question and answer the PIP		
Is young person in receipt of	○ Yes <sup>●</sup> No ○ Awaiting Decision	
Personal Independence Payment (PIP)?		
Is your child/young person a	O Yes	
registered Blue Badge owner?	No	
Do you currently have a	O Yes	
or other professional	©// ♥	
working with your child?		
e.g. Learning Disability Nurse, Speech & Language Therapists,		
Child Mental Health Worker etc.		
Please make sure vou	go to the Physical Health Section and the SEMH Section to add any	
services your child ma	ay be accessing, has accessed in the last 12 months or is awaiting	
referral or assessmen	t for	
Disabled Children and Your	ou received or are awaiting assessment for any of the following services?	
Early Help Services	g - copies del mor (per m.)	
Children In Care Services		
Leaving Care Services		
Educational Psychology		
Regular planned overnight i     Special Education Services	(SES)	
(which includes- Communication	on and Interaction, Physical and Sensory, SEMH and Alternative Tuition Services, Cognition and	1
Learning and Whole School In	clusion)	
Therapist for Speech and Li	anguage	
Please provide information -	nut the frequency that you use this convice teacther with brief details of your shild arrest of your	
for Special Education Services	our are requeried that you use this service together with three details of your child support services	
Brief detail *		
when a duli		
Support from a specialist teacher 1 x m	ionthy	

## 3.4 Feedback and submission of application

#### Submit

Feedback on new enrolment form

We would greatly appreciate your thoughts with regards to the completion of this new enrolment form

Please provide us with some feedback regarding this form

The information you provide in this section enrolling with Activities Unlimited.	on will be us	ed to assist us in future development of this form and to improve the service that we can offer to families
Did you find this form easy to complete?	○ Yes	○ No
Was the language appropriate and understandable?	○ Yes	○ No
Do you feel this form provides inclusion for all your child needs?	○ Yes	○ No
Did this form capture all the necessary information?	○ Yes	○ No
Please provide information		
with regards to what is		
missing from the form.		
Is there anything else you'd		
like to tell about yours, your		
child's needs to support		
missing from the form. Is there anything else you'd like to tell about yours, your child's needs to support your application.		

I confirm that the information in this application to be true and I have or will provide all necessary evidence in order to complete my application.

Please ensure all evidence is sent via email to the Activities Unlimited team at info@activities-unlimited.co.uk once you have submitted your application.

Please Note: Once this form is submitted it cannot be changed, however if you wish to change any information contact Activities Unlimited Team.



This is the final screen before submitting your application. Once you press submit the contents cannot be changed, so please check your answers carefully.

If you have indicated that you or your child are in receipt of benefits, you must email the evidence of this to us at <u>info@activities-unlimited.co.uk</u>. Without this your application will not be progressed.

Once submitted, you will receive an autoreply email from us to confirm receipt of your application. Our team will then process this and we aim to be in touch within 28 days.

Print Save for later Create PDF Close Cancel

cy Notice Cookies Accessibility

Site and content © Suffolk County Council 2020