

DSA1

Application for Disabled Students' Allowances (DSAs) 2011/12





This form is also available at www.studentfinancenl.co.uk

Your forename(s)

Your surname

If you have applied for student finance before, please provide your
Customer Reference Number

Instructions

- To obtain this form in an alternative format such as Braille, large print or audio please call our Customer Support Office on **0845 600 0662** or by textphone on **0845 073 0026**.
- This form should be used by postgraduate students and by full-time / part-time students who are applying for DSA only.
- Answer all questions as fully as possible. If you do not, this may cause a delay to your application.
- Please refer to the DSA1 notes each time you see this icon. 
- Whenever you see this evidence icon you must provide evidence to support your application. Further information about the evidence required can be found in the DSA1 notes and will also be marked with this icon. 
- Return this form to us at the ELB address which can be found on the Education and Library Board finder available online at www.studentfinancenl.co.uk.
- If you have any questions or problems, please call our Customer Support Office on **0845 600 0662**.



Please remember to pay the correct postage fee.

1

personal details

Personal details

a

Title Mr Mrs Miss Ms

Forename(s)

Surname

Sex

Male Female

Date of birth

DAY MONTH YEAR

Please complete these questions with the details as exactly stated on your birth certificate or passport.

Place of birth (the name of the town or village)

Nationality

Previous loans

b

Have you ever had any other loans from the Student Loans Company (SLC)?

Yes No

if 'No' go to d

If 'Yes', are you behind with the repayments?

Yes No

c

Did you receive a loan from the Student Loans Company (SLC) when you were under 18?

Yes No

If 'Yes', have you signed credit agreements for all of them?

Yes No

Contact details

d

Please give your current home address. If you know it, please also give your term-time correspondence address.

Home Address

Postcode

Home phone number

Mobile phone number

Email address

Term-time Address

Postcode

Date on which you will move to this address

DAY MONTH YEAR

other financial support

Bursaries and awards

If you are an **undergraduate student** in academic year 2011/12 will you be eligible to apply for:


- an NHS bursary (excluding the social work bursary paid by the NHS Business Services Authority); or
- a Scottish Government Health Directorate Bursary (Scottish Healthcare Allowance); or
- a healthcare bursary from the Department of Health for Northern Ireland?

Yes No




If you are a **postgraduate student** in academic year 2011/12 will you be eligible to apply for:

- an NHS, Scottish Government Health Directorate (Scottish Healthcare Allowance) or other healthcare bursary; or
- a Research Council bursary; or
- an NHS Business Services Authority bursary for students studying an approved postgraduate social work course; or
- a bursary from your college or university that includes extra support because of your disability, mental health condition or specific learning difficulty (do not count any payment you get from your university's or college's Access to Learning Fund)?





Yes No



 If you have answered 'Yes' to either of the above questions, you will **not** qualify for DSAs from StudentFinancen. **Please do not continue with this application.** You should contact the provider of your bursary for advice on any extra support you may be entitled to because of a disability, mental health condition or specific learning difficulty.



Nationality

- a1** Are you a UK national?  Yes No if 'Yes' go to b1
- a2** Are you an EU national?  Yes No
- a3** Are you the child of a Swiss national?  Yes No if 'Yes' go to b2

Residence status

- a4** Are you or your:
- husband, wife, civil partner; or
 - parent(s), step-parent; or
 - child, son or daughter-in-law, child's civil partner
- a European Economic Area (EEA) national or Swiss national who is working, has worked or is looking for work in the UK? Yes No
- If 'Yes', please give details below. You should also give details of your previous studies.   if 'No' go to a5
-
- If you are currently working, are you going to continue working during your studies? Yes No
- If 'Yes', please give details.   if 'No' go to a5
-
- go to b2**

- a5** Do you have 'settled status' in the UK?   Yes No if 'No' go to a6
- If 'Yes', give the date you received this status
- | | | |
|---|---|---|
| DAY | MONTH | YEAR |
| <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
- go to b2**

- a6** Have you or your:
- husband, wife, civil partner; or
 - parent(s), step-parent
- been granted 'refugee status' by the UK Government?   Yes No
- If 'Yes', and if applicable, give the following:
- Home Office reference number
- Date this status is due to expire
- | | | |
|---|---|---|
| DAY | MONTH | YEAR |
| <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
- go to b2**

- a7** Have you or your:
- husband, wife, civil partner; or
 - parent(s), step-parent

been given 'leave to enter or remain' in the UK as a result of a failed asylum application? e n

Yes No if 'No' go to b2

If 'Yes', and if applicable, give the following:
Home Office reference number

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date this status is due to expire

go to b2

Residence history

- b1** In the three years prior to the start of the first academic year of your course, **did you live outside the UK and Islands** at any time?

Yes No if 'No' go to b3

- b2** Give details of your residence for the three years before the start of the first academic year of your course. n

Full address

Why were you there?

<input type="text"/>	From	DAY	MONTH	YEAR	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	To	DAY	MONTH	YEAR	<input type="text"/>
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	To	DAY	MONTH	YEAR	<input type="text"/>
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If you require further space to provide your answer, please give the details requested above on a separate piece of paper and enclose it with this form.

- b3** At any time since 1 September 2008 has:
- either of your parents, step-parents, guardians; or
 - your husband, wife, civil partner

lived or worked outside the UK and Islands or, in the case of an EU, EEA or Swiss national, outside the EEA or Switzerland? Yes No

If 'Yes', please give details below.

Full address

Why did they live there?

From DAY MONTH YEAR

To DAY MONTH YEAR

From DAY MONTH YEAR

To DAY MONTH YEAR

From DAY MONTH YEAR

To DAY MONTH YEAR

If you require further space to provide your answer, please give the details requested above on a separate piece of paper and enclose it with this form.

about your course and your college or university

! In this section, please give details of your first choice university/college and course.

University/college details

a University/college name and address

Postcode

Course details

b Course name

If you are following a combined studies or modular course, please list all subjects being studied.

Qualification you expect to gain (e.g. BSc Physics)

Course start date

MONTH YEAR

Course end date

MONTH YEAR

Course length (years)

Year of course

Foundation Third year
 First year Fourth year
 Second year Other (give details)

If the course is franchised to another university/college, give the address of the other university/college

Postcode

If you are a full-time undergraduate who does not study by distance learning go to Section 6

5

your university or college

Please ask your university or college to complete this section.

If you do not want to tell your university or college about your disability, mental health condition, or specific learning difficulty, please read section 5 notes for further instructions and then go to section 6. [n](#)

To be completed by the Student's university or college.

SLC or UCAS university or college code

Part-time undergraduate students tick if applicable

I confirm to the best of my knowledge and belief that:

- the student named in section 1 is studying or applying for the course named in section 4 and plans to complete the course at an average rate of study of at least 50% of that needed to complete the course, or an equivalent course, on a full-time basis; and
- the student's rate of study is % of the equivalent full time course.

Study Rates - Example 1

The student is studying a part-time course over a six-year period, but would study for three years if he or she was on an equivalent full-time course. The rate of study is 50%.

Example 2

The student is studying a part-time course over a five-year period, but would study for three years if he or she was on an equivalent full-time course. The rate of study is 60%.

your university or college

Full-time undergraduate distance learning students tick if applicable

I confirm to the best of my knowledge and belief that:

- the student named in section 1 is studying or applying for the course named in section 4; and
- the student named in section 1 plans to complete the course on a full-time basis by distance learning methods.

Part-time postgraduate students tick if applicable

I confirm to the best of my knowledge and belief that the student named in section 1 is studying or applying for a part-time postgraduate course which will not take more than twice as long to complete as an equivalent full-time course.

All postgraduate students tick if applicable

I confirm to the best of my knowledge and belief that:

- the student named in section 1 is studying or applying for the course named in section 4;
- this course has usual entry qualification of a first degree or higher; and
- the student will not receive an award from their institution (not including any payment from the institution's Access to Learning Fund) to meet the extra course-related costs they have to pay because of their disability.

Your full name (in BLOCK CAPITALS)

Your signature

University or College stamp

Position

Your phone number (including area code)


Your email address


Date DAY MONTH YEAR

6

your disability, mental health condition or specific learning difficulty

DSA information and evidence

a Please give full details and provide evidence of your disability, mental health condition or specific learning difficulty. 

b On what date was your disability, mental health condition or specific learning difficulty last assessed?  DAY MONTH YEAR

c Is this your first application for Disabled Students' Allowances (DSAs)? Yes No

if 'Yes' go to Section 7

If 'No', please provide the following details of each previous DSA funding application you have made.

Date of application

Funding authority applied to 

<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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your disability, mental health condition
or specific learning difficulty

If you cannot provide evidence of each previous DSA funding application you have made, please provide full details of the funding you received in the box below.

We may contact the relevant funding authorities for further information.

section

7

your consent

Consent to DSA arrangements

Please tick the boxes below if you consent to the following DSA arrangements.

- I understand that StudentFinanceneni, the disability adviser at my university or college, and my DSA assessor may exchange information about my application for DSAs where this is necessary to make sure I get the help I need.
- I agree that StudentFinanceneni can give my address and phone number to the suppliers of any equipment I need so that delivery can be arranged.
- I understand that StudentFinanceneni can pay the suppliers of equipment and support directly.

section

8

your bank or building society account details

UK bank/building society account details

Where possible we will pay suppliers of your equipment or support services directly. However, please complete the section below so that we can pay you if we need to.

The account must be in your own name and be able to accept direct credits.

Sort code

 - -

Account number

Building society roll number

Student Declaration

Before signing and returning your completed form, you should read the Data Protection Statement in the accompanying notes. 

This declaration covers all of the student finance available to students for academic year 2011/12.

You should read the specific terms and conditions about loans, Childcare Grant and Disabled Students' Allowances because they will affect you if you apply for them at any time in academic year 2011/12. If you don't apply for these in academic year 2011/12 their specific terms and conditions will not affect you.

Your application for financial support may be delayed unless you sign and date this declaration.

General Declaration

- I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If it is not I understand I might be refused financial support, or prosecuted and my financial support withdrawn.
- I agree to give my ELB any information they require to process my application and agree to tell them immediately if my circumstances change in any way that might affect my entitlement to financial support. I understand that if I do not do this, I may not receive any further payments, and may have to repay the financial support I have already received.
- I agree that in the event of receiving an overpayment of financial support, I am obligated to repay this in full and I agree that such overpayment may be recovered by deduction from any future entitlement to financial support.

Loan Contract

- a I have read and understood the booklet 'Student Loans: A guide to terms and conditions'.
- b I acknowledge and agree that any loan(s) made to me by the Department for Employment and Learning, "the lender" (which includes any person exercising functions on behalf of the Department for Employment and Learning pursuant to Article 4 (3) of the Education (Student Support) (Northern Ireland) Order 1998 as amended from time to time or successor legislation, "the Order") will be on the terms set out in the Loan Request Form including these declarations and in Regulations which are made under Article 3 of the Order as amended from time to time.
- c I undertake to repay the lender any loan(s) made to me, together with all and any interest, penalties and charges which apply.
- d I agree that any loan(s) made to me as a consequence of the acceptance of my application by the lender is a/are contract(s) between me and the lender which binds me from the payment to me of the first loan advance and that the repayment of any such loan(s), together with all and any interest, penalties and charges which apply, will be due by me to the lender as a debt.



- e I agree that I shall be obliged to make repayment of my loan(s), together with all and any interest, penalties and charges which apply, to such address as shall be notified to me in writing and that any services in respect of my loan(s) may be provided at such address or other address(es) as the lender may from time to time determine and that the service of providing the loan is provided at the lender's principal address.
- f I agree that any action for repayment and/or in respect of or in connection with my loan(s) and/or all and any interest, penalties and charges which apply, will be brought before the ordinary civil courts and shall be governed by the general rules of civil procedure.
- g I agree that my request for a loan, the loan and the contract between me and the lender shall be governed by the law of the place of my home address as stated in this form (or, if my address is outside the United Kingdom, the law of Northern Ireland).
- h I irrevocably agree that the courts of the part of the United Kingdom in which my home address stated in this form is situated (or the English, Scottish and Northern Ireland courts where my address is outside the United Kingdom) shall have nonexclusive jurisdiction to hear any action or proceedings arising out of or in connection with the loan and the contract between me and the lender and I irrevocably submit to the jurisdiction of those courts and waive any objection to the jurisdiction of those courts, provided that this shall not limit the lender's rights to take proceedings against me in any other court of competent jurisdiction.
- i I agree that from the date I submit this form until the date when my loan(s), together with all and any interest, penalties and charges which apply, is fully repaid I will notify the lender of any changes in the personal details (including National Insurance Number) and contact details I have provided as required in accordance with the Regulations referred to in paragraph b.
- j In the event that I leave the United Kingdom to reside outside the United Kingdom or that for any other reason I am outside the UK tax system, I undertake to inform the lender in accordance with the Regulations referred to in paragraph b and I undertake to provide the lender with my new and any subsequent contact details until my loan, together with all and any interest, penalties and charges which apply, is fully repaid.
- k I agree to take all future action requested by the lender and provide the lender with all information required to ensure repayment, in accordance with the Regulations referred to in paragraph b.
- l If I breach any of the terms under which any loan(s) will be made I agree that I will be obliged to pay any charges and penalties which may apply under the Education (Student Support) (NI) Order 1998 and the Regulations made under that Order, as amended from time to time or successor legislation and/or Regulations.

m I understand that the Student Loans Company will check my National Insurance Number and personal details with the Department for Work and Pensions (DWP). If I do not know my National Insurance Number, or if the number I provide cannot be authenticated, DWP will trace and give my number to the lender.

n If I have broken the terms of this contract I agree that the lender may share information held about me and my account with any person, including the government or a government agency of another country, who may assist in establishing my whereabouts and/or in taking action to recover.

Disabled Students' Allowances (DSAs)

- I understand that any equipment I receive through DSAs must be used for my course of study and my ELB is not responsible for paying any repair costs.


Childcare Grant

- I understand that if I do not take up my childcare, or if I change to a childcare provider who is not registered or approved, I will have to pay back any overpayment.
- I understand that if I do not provide the evidence of childcare costs within the timescales set, I might lose my entitlement. Also if my payments to my childcare provider are different from the estimates I provide, I understand that further payment will increase or decrease accordingly, or if no further Childcare Grant payments are due to be paid to me, I may be liable to repay any difference.
- I confirm that neither I nor my husband, wife, civil partner or cohabiting partner have chosen to receive support for childcare from the childcare element of the Working Tax Credit and I agree to tell my ELB immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support.

Customer Reference Number

Your full name
(in BLOCK CAPITALS)


Your signature X Date

If you started your course in academic year 2006/07 or after and you are not a postgraduate student, you may be eligible for a bursary or scholarship. In order for your university or college to determine and pay any bursary or scholarship to which you may be entitled, we will share some of your personal, financial and course details as well as information about your eligibility for student finance with them. 

If you **do not** wish your details to be shared for this purpose, please tick this box.

Checklist

Before returning this form, please make sure you have done the following:

- Signed and dated the declaration.
- Enclosed all the evidence items (for example passport, birth/adoption certificate, declaration of identity) as requested in the DSA1 notes. Any original evidence will be returned to you as soon as possible. 
- Enclosed supporting evidence of a disability as requested in the DSA1 notes.
- Ensured that your university or college has completed section 5, if applicable.



Please remember to pay the correct postage fee.

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