

Three stacked orange hexagons on the left side of the orange background.

DSA

Disabled Students' Allowances
Application Form 2017/18

Three large, light orange hexagons arranged horizontally at the bottom of the orange background.

What do I need to do to get Disabled Students' Allowances (DSAs)?

Here is a summary of the steps involved in applying for and receiving DSAs.

Step 1

Complete and return this DSA application form with evidence of your disability, mental health condition or specific learning difficulty.



Step 2

We will assess your application and send you a letter to let you know if you qualify for DSAs or not.



Step 3

We will ask you to attend a Needs Assessment to identify any specialist equipment and other support that you may need for your course.



Step 4

You attend your Needs Assessment and receive a report which identifies any specialist equipment and other support you may need.



Step 5

We will send you a letter to tell you whether any specialist equipment and other support that has been recommended in your Needs Assessment Report can be paid for from DSAs. We will also provide instructions for ordering equipment or arranging other support.



You may receive some or all of the below DSAs.



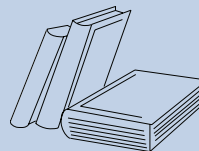
Delivery of specialist equipment



Non-medical helpers allowance



General allowance



Extra travel costs



Where can I find more information about Disabled Students' Allowances (DSAs)?

Visit www.studentfinancenl.co.uk

You can also find more information in the guide:

- 'Bridging the gap: A guide to Disabled Students' Allowances (DSAs) in higher education 2017/18'.

Braille, large print or audio forms and guides

You can order forms and guides in Braille, large print or audio by emailing with your name, address, customer reference number along with what form and format you require to

- brailleandlargefonts@slc.co.uk

or you can telephone us on


- **0141 243 3686**

Please note, the above email address and telephone number can only deal with requests for alternative formats of forms and guides.

How can I contact you?

- Visit www.studentfinancenl.co.uk
- Contact our Customer Support Office on **0300 100 0077**

Instructions

- Whenever you see this icon you must provide evidence to support your application. 
- Answer all questions as fully as possible. If you do not, this may cause a delay to your application.

section

1

personal details

Customer Reference Number

Forename(s)

Surname

Sex Male Female

Date of birth DAY MONTH YEAR

section


2

other financial support

Bursaries and awards

In academic year 2017/18 will you be eligible to apply for:

- an NHS bursary (excluding the social work bursary paid by the NHS Business Services Authority) Yes No
- a Scottish Government Health Directorate Bursary (Scottish Healthcare Allowance) Yes No
- a healthcare bursary from the Department of Health for Northern Ireland Yes No

 If you receive one of these bursaries or awards which includes an element for disability you will not be eligible for Disabled Students' Allowances through Student Finance*ni*. **Do not continue with this application.**

Do you currently receive any financial help towards travel costs? e.g. mobility component of Disability Living Allowance or Personal Independence Payment Yes No

If 'Yes' please provide full details including amounts

Type of financial help

Amount (£)

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.

Physical disability/mental health condition

You should provide a written medical statement from a doctor or appropriately qualified specialist, confirming the nature of your disability or mental health condition.

Specific learning difficulty (for example, dyslexia)

You should provide a full diagnostic assessment carried out after your 16th birthday by a psychologist or suitably qualified specialist. If you had a diagnostic assessment carried out before your 16th birthday it will require an update so we can fully assess how your study will be affected by your specific learning difficulty.

It is your responsibility to pay any costs to obtain the required evidence.

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

DAY	MONTH	YEAR
<input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>

your disability, mental health condition or specific learning difficulty


c


Is this your first application for Disabled Students' Allowances (DSAs)?

Yes No

if 'Yes' go to section 4

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

Date of application			Funding authority applied to 
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"/>
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 You must provide evidence showing the result of each previous DSA funding application and any DSA Needs Assessment Report you received from the funding authority.

If you cannot provide the evidence requested, please provide full details of the funding you received in the box below.

We may contact the relevant funding authorities for further information.

your consent

Your consent to DSA arrangements

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

- I agree that Student Finance*ni*, the disability adviser at my university or college and my DSA Needs 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 Student Finance*ni* can give my address and phone number to the suppliers of any equipment I need so that delivery can be arranged.
- I agree that Student Finance*ni* can directly pay the suppliers of equipment and support.

your bank or building society account

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. You do not need to provide these details if you have already given them to us.

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

Sort code - -

Account number

Building society roll number (if applicable)

Declaration

Our Data Protection Statement sets out who will use the information provided on this form and what they will use it for. Before signing this form please read our statement online at www.studentfinancenl.co.uk/dataprotection

Alternatively, you can request a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow, G2 7JD or by calling our Customer Support Office.

- I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If its not I understand I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted.

Your full name (in BLOCK CAPITALS)


Your signature

Date

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

Checklist

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

- Signed and dated the declaration.
- Enclosed all the evidence requested to support your application. Any original evidence you send will be returned to you as soon as possible. 



Please remember to pay the correct postage.

You must return your completed form to the address shown on the covering letter sent with this form.