

Application for Disabled Students' Allowances (DSAs) 2020/21



DSA1
Form



You can apply online www.studentfinancenl.co.uk

Your forename(s)

Your surname

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

Instructions

- You can order forms and guides in Braille, large print and audio by emailing with your name, address and 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**.
- This form should be used by full-time undergraduate students, part-time undergraduate students, distance learning students and postgraduate students (both full-time and part-time) who are applying for DSAs 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. 
- If you have any questions or problems, please call our Customer Support Office on **0300 100 0077**.

Instructions

To find out how we'll use the information you provide go to www.studentfinancenl.co.uk/privacy-notice to read our Privacy Notice before completing this form.

You may be eligible for a bursary or scholarship. In order for a 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. For more information about this, read our Privacy Notice.

Please contact the university or college if you require further information about their bursaries and scholarships.

Section 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 exactly as stated on your birth certificate or passport.

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

Nationality 

Section 1 - personal details continued

Identity evidence details

b1 Do you hold a valid UK or ROI passport? Yes No **if 'No' go to b4**

b2 What type of valid passport do you hold? **UK** – provide your UK passport details **go to b3**

ROI – send us your original ROI passport **go to c**

Both:

- provide your UK passport details; or **go to b3**
- send us your original ROI passport **go to c**

UK Passport details

b3 Provide the following details from your UK passport which must be currently valid and not expired.

We will share the passport details you provide with HM Passport Office to confirm that they're valid.

Complete the following exactly as stated on your UK passport.

Passport number

Forename(s)

Surname

Date of issue

Date of expiry

If you have completed your UK passport details, you do not need to send your original UK passport to us. **go to c**

Section 1 - personal details continued

- b4** Send your original non-UK passport or Biometric Residence Permit; **e**
or
Send your original UK or ROI birth or adoption certificate and a completed Birth/Adoption Certificate form. **e**

Previous loans

- c** Have you ever had any other loans from the Student Loans Company Ltd (SLC)? **n** **Yes** **No** **if 'No' go to d**
If 'Yes', are you behind with the repayments? **Yes** **No**

Contact details

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

Home address

Postcode

Home phone number

Mobile phone number

Email address

Term-time address

Postcode

Date you will move to this address

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"/>

Armed Forces

- e1** Are you a member of the Armed Forces serving outside Northern Ireland? **n** **e** **Yes** **No**
- e2** Are you a family member of someone in the Armed Forces serving outside Northern Ireland? **n** **e** **Yes** **No**
(for example: spouse or child)

Section 2 - other financial support


Bursaries and awards

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

- an NHS bursary (excluding the social work bursary paid by the NHS Business Services Authority); or Yes No
- a bursary from Student Awards Agency Scotland (SAAS); or Yes No
- a healthcare bursary from the Department of Health (DoH) Yes No

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

- an NHS, SAAS or other healthcare bursary; or Yes No
- a Research Council bursary; or Yes No
- an NHS Business Services Authority bursary for students studying an approved postgraduate social work course; or Yes No
- a bursary from your college or university that includes extra support because of your disability, long-term health condition, mental health condition or specific learning difficulty (do not count any payment you get from your university's or college's hardship funds); or Yes No
- funding from the Department for the Economy or from your university. 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 (£)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section 3 - residence

Nationality

- a1** Are you a UK or ROI 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 'No' go to a5**
- a4** Will your Swiss national parent be living in the UK on the first day of the academic year? Yes No **if 'Yes' go to b2**

Residence status

- a5** 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 'No' go to a6**

If 'Yes', please give details below.

You should also give details of your previous studies.

If you are currently working, are you going to continue working during your studies?

Yes No

If 'Yes', please give details.

go to b2

- a6** Are you the child of a Turkish worker who is working in the UK? Yes No **if 'No' go to b2**

- a7** Do you have 'settled status' in the UK? Yes No **if 'No' go to a8**

If 'Yes', give the date you received this status

Day Month Year

go to b2

- a8** Have you or your:
- husband, wife, civil partner; or
 - parent(s), step-parent
- been granted 'refugee status' by the UK Government? Yes No **if 'No' go to a9**

If 'Yes', and if applicable, give the following:

Home Office reference number

Date this status is due to expire

Day Month Year

go to b2

Section 3 - residence continued

- a9** Have you or your:
- husband, wife, civil partner; or
 - parent(s), step-parent
- been granted 'leave to enter or remain' in the UK as a result of a failed asylum application? **Yes** **No** if 'No' go to a10

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"/>
	<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

- a10** Have you or your:
- husband, wife, civil partner; or
 - parent(s), step-parent
- been granted 'leave to enter or remain' as a Stateless Person? **Yes** **No** if 'No' go to a11

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"/>
	<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

- a11** Have you been granted 'leave to enter or remain' in the UK under section 67 of the Immigration Act 2016, or are you the dependant child of someone who has? **Yes** **No**

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"/>
	<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



If you answered 'No' to all the questions in this section you are not eligible for student finance from Student Finance Northern Ireland.

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

Section 3 - residence continued

- b2** Give details of your residence for the three years before the start of the first academic year of your course. There shouldn't be any gaps in the dates you give us. n

Full address

Why were you there?

<input type="text"/>	From	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	To	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="text"/>	From	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	To	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="text"/>	From	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	To	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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 2017 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?

<input type="text"/>	From	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	To	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="text"/>	From	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	To	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="text"/>	From	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	To	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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.

Section 4 - about your course and your university or college



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

University or college details

a University or college name and address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

Course details

b Course name

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

Qualification you expect to gain (for example BSc Physics)

Course start date

Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Course end date

Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Course length (years)

Year of course

<input type="checkbox"/> Foundation	<input type="checkbox"/> Third year
<input type="checkbox"/> First year	<input type="checkbox"/> Fourth year
<input type="checkbox"/> Second year	Other (give details)

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

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

Section 5 - your university or college

Please ask your university or college to complete this section.

You must 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. University or college staff should check the student's answers to section 4 before completing, signing and stamping this section.

SLC or UCAS university or college code

Full-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
- the student named in section 1 plans to complete the course on a full-time basis in attendance.

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;
- the student plans to complete the course at an average rate of study of at least 25% 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 four-year period, but would study for one year if he or she was on an equivalent full-time course. The rate of study is 25%.

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%.

Section 5 - your university or college continued

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 it is possible for the student named in section 1, to complete the course in no more than three times the length of time required to complete the 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 a 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 hardship funds) to meet the extra course-related costs they have to pay because of their disability.

To find out how we'll use the information you provide go to

www.studentfinancenl.co.uk/privacy-notice to read our Privacy Notice before signing this form.

Your full name (in BLOCK CAPITALS)

Your signature

Position

Your phone number (including area code)

Your email address

University or College stamp

Today's date

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"/>

Section 6 - DSA information and evidence

Your disability, mental health condition or specific learning difficulty

- a** Please give full details and provide evidence of your disability, long-term health condition, mental health condition or specific learning difficulty. n e

You can also download and complete the Disability Evidence Form from www.studentfinancenl.co.uk

- 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

Day	Month	Year
<input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/>	/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Funding authority applied to e

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 6 - DSA information and evidence continued

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. You have the right to withdraw your consent to us processing your personal information in relation to this application form. To withdraw your consent, please contact us in writing.

- I agree that Student Finance NI and the disability service at my university or college 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 and my DSAs 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 and my DSAs suppliers may exchange information about my application for DSAs where this is necessary to make sure I get the help I need.

Section 8 - your bank or building society account details

UK bank or 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

(if applicable)

Terms and Conditions

These terms and conditions (“terms”) and applicable legislation apply to all of the student finance available to students for the academic year 2020/21.

I understand that I must read the specific terms about the student finance products available because they will affect me if I apply for them at any time in this academic year.

I understand that my application for student finance may be delayed unless I sign and date these terms.

Loan Contract

1. I confirm I have read and understood these terms and A Guide to Terms and Conditions available at www.studentfinancenir.co.uk/terms-and-conditions
2. 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 that I may not receive student finance, any support I have had may be withdrawn and I could be prosecuted.
3. I understand that student finance is provided to me by the Department for the Economy (the “Lender”) which includes any persons acting on its behalf and any replacement(s) under Article 4(3) of the Education (Student Support) (Northern Ireland) Order 1998 as amended or replaced from time to time (the “Order”).
4. I understand these terms, the Order and the regulations made under Article 3 of the Order will apply to any student finance provided to me by the Lender.
5. I understand that “student finance” in these terms means financial support by way of grant(s) and/or loan(s) made by the Lender under the regulations.
6. I understand that the Student Loans Company Limited (“SLC”) and the Education Authority (“EA”) carry out certain functions on behalf of the Lender.

My Obligations

7. I understand that if I have:
 - i. reached the age of 18 years; and
 - ii. have entered into agreement(s) for a loan under the Order before I reached the age of 18 years,

I am agreeing to “ratify” any and all such student loans by signing these terms. This means that I confirm I entered into agreement(s) with the Lender and agree to the terms of any such previous agreement(s). If I have reached the age of 18 and refuse to “ratify” any previous agreement(s), I understand that I will not be eligible to get any further student finance under the regulations.

8. I agree to give SLC and EA any information they need in support of this application for student finance and to seek repayment.



9. I agree to tell SLC and EA immediately if my circumstances change in any way that might affect my entitlement to student finance. I understand that if I do not do this I may not get any further payments and I may have to repay the student finance I have already received. I agree that from the date I submit my student finance application until my loan(s), together with all and any interest, penalties and charges which apply, is fully repaid I must tell SLC and EA about any changes in my personal details (including my National Insurance number) and contact details I have provided.
10. I agree that if I get an overpayment of student finance, I need to repay this in full and that any overpayment may be taken from any future entitlement to student finance.
11. I agree that I will repay the Lender any loan(s), together with all and any interest, penalties and charges which apply. I understand that this repayment will be due by me to the Lender as a debt. If I breach any of the terms of my loan, I agree to pay any charges and penalties which apply under the Order and the regulations. I understand that I will repay my loan(s) through the United Kingdom ("UK") tax system and/or I may repay SLC directly. If I live abroad, I will repay my loan(s) to SLC directly.
12. I agree that any loan(s) made to me in accordance with the regulations once my application is accepted by the Lender is a/are contract(s) between me and the Lender. I understand that I am liable for my loan(s) and will be charged interest from the first payment of the loan advance by the Lender.
13. I agree to tell SLC if I leave the UK to live outside the UK or if for any other reason I am outside the UK tax system for more than three months.

Legal Action and Applicable Law

14. In the event of any legal action, I agree that the laws of Northern Ireland will apply and that the courts of that part of the UK will hear any legal action. If my address is outside the UK the laws of the part of the UK where my education provider is situated will apply and the courts of that part of the UK will hear any legal action. I agree that the Lender has the right to take legal action against me in any other court with jurisdiction.

Sharing Information

15. If I am in breach of these terms and/or the regulations I agree that the Lender may share information held about me and my account with third parties, including the government or a government agency of another country, who may help to locate me and/or help take action to recover any payments I owe.
16. I confirm where I have provided any personal information about any other person in my student finance application, I have done so with their consent.
17. I understand that SLC will process my personal data in line with the Privacy Notice available at www.studentfinancenir.co.uk/privacy-notice which may be updated from time to time.

Disabled Students' Allowances ("DSAs")

This section applies if I apply for DSAs this academic year.

18. I understand that any equipment I receive through DSAs must be used for my course of study and that I am responsible for paying any repair costs.
19. I understand SLC reserves the right to pay the suppliers of any approved equipment and support directly. I will be notified if SLC will make payments directly to suppliers on my behalf.

Childcare Grant ("CCG")

This section applies if I apply for CCG this academic year.

20. I understand that if I do not provide the evidence of childcare costs within the timescales set, I may lose my entitlement. If my childcare costs are different from the estimates I have provided, further payments of my CCG may increase or decrease accordingly. If no further CCG payments are due to be paid to me, I may be liable to repay any difference.
21. 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.
22. I confirm that neither I nor my husband, wife, civil partner or cohabiting partner have chosen to receive support for childcare from:
- i. the childcare element of Working Tax Credit;
 - ii. the childcare element of Universal Credit;
 - iii. Tax-free Childcare; or
 - iv. a healthcare bursary or Scottish Healthcare Allowance;
- and I agree to tell the EA and SLC immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support. I understand that SLC may share my personal data with HMRC to check whether I get childcare support.


Customer Reference Number

Your full name
(in BLOCK CAPITALS)

Your signature **X** Today's date

Checklist

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

- Signed and dated the terms and conditions.
- 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 your disability as requested in the DSA1 notes.
- Ensured that your university or college has completed section 5, if applicable.

Open University students

If you are an **Open University student** you will need to post your DSA form to the Open University Belfast office at the address below for them to complete section 5:

Disability Project Officer
110 Victoria Street
Belfast
BT1 3GN

You should post your ID documents directly to the SFNI office at the address below. Please ensure to attach a note to indicate that you are applying for DSA and your form has been forwarded to the Open University who will send it to SFNI on your behalf once they have completed the relevant sections.

Please also give details of your home address to enable SFNI to return your original documents.

Student Finance NI
DSA Office
Ballee Centre
Ballee Road West
Ballymena
BT42 2HS

Non-Open University students

You must return your completed form to your local Student Finance NI (SFNI) office. You can find their address at www.studentfinancenl.co.uk



Remember to pay the correct postage or we may not receive your form

Additional notes

If you are providing extra information below please clearly mark what section and question the information is about.

Additional notes

If you are providing extra information below please clearly mark what section and question the information is about.