

# Disabled Students' Allowances Disability Evidence Form **2020/21**



You can apply online [www.studentfinancenl.co.uk](http://www.studentfinancenl.co.uk)

To be eligible for the Disabled Students' Allowances (DSAs), you must meet the Disability Discrimination Act 1995 definition of 'disability'. The Act provides that a person has a disability if they have a 'physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'.

## **About this form**

In order to claim DSAs, a medical professional (for example, your GP) needs to provide information about your disability on this form.

Don't complete this form if you have dyslexia or dyscalculia. You need to send us a diagnostic report from a suitably qualified psychologist or specialist teacher holding a current SpLD Assessment Practising Certificate instead.

## **What you need to do**

You need to complete your details in section **1**. Then pass the form to a medical professional to complete sections **2**, **3** and **4**. Please note that your GP may charge you for completion of this form.

Once they have completed the form, make sure you return it to your local Student Finance NI (SFNI) office, see page 6 for information on where to find the correct contact address. You should keep a copy of this form for your own records. You may require it later for your needs assessment.

If you have any questions or queries regarding this form, please email your local DSA Office – email details can be found on page 6.

## **Privacy Notice**

Student Finance NI will use the information provided in this form for the purpose of assessing your eligibility for DSAs. To find out how we'll use the information, go to [www.studentfinancenl.co.uk/privacynotice](http://www.studentfinancenl.co.uk/privacynotice) to read our Privacy Notice before completing this form.

## Section 1 - personal details

### 1.1 Customer Reference Number

### 1.2 Personal details

Title

Mr  Mrs  Miss  Ms

Forename(s)

Surname

Date of birth (DDMMYYYY)

 /  / 

**Now pass this form to a medical professional to complete sections 2, 3 and 4.**

## Section 2 - medical professional details

### Sections 2, 3 and 4 should be completed by a medical professional

To support the student's DSAs application, we need you to give us information about the nature of the student's disability. Please complete the rest of the form, read, sign and date the declaration, then pass the form back to the student for return to Student Finance NI.

To find out how we'll use the information you provide go to [www.studentfinancenl.co.uk/privacynotice](http://www.studentfinancenl.co.uk/privacynotice) to read our Privacy Notice before completing this form.

## Section 2 - medical professional details

### 2.1 Your details

Full name

Job title

Certificate or registration number

### 2.2 Practice or organisation details

Where possible use your practice or organisation's stamp.



Stamp here

Type of practice or organisation

- GP Practice
- Primary Care Team
- Secondary Care Team
- Hospital
- Other (give details below)

Name of practice or organisation

Address

Postcode

Contact number

### 2.3 What is your professional involvement with the student?

You only need to give details if this isn't apparent from your job title.

## Section 3 - about the student's disability

In your professional opinion, complete the following questions about the student.

**3.1 Does the student have a physical, sensory or mental disability which has a substantial\* and long term adverse effect on their ability to carry out normal day-to-day activities (including education)?**

To be considered long term, the effect of the disability must have lasted or be likely to last at least 12 months or for the rest of the student's life.

\*more than minor or trivial.

No

Yes - give details

**3.2 Diagnosis / working diagnosis (including any relevant dates)**

If it's not possible to give either, explain why.

Date of diagnosis (DDMMYYYY)

<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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**3.3 Likely impact on Academic performance**

Please explain how the disability may impact upon the student's academic performance.

## Section 3 - about the student's disability

**3.4 Would the student have any disability-related difficulty in using public transport?**

No

Yes - give details

**3.5 Does the student's disability have a direct impact on the type of bathroom facilities required such as en-suite facilities?**

No

Yes - give details

## Section 4 - medical professional declaration

Please sign and date below to confirm that to the best of your knowledge the information you've provided is true and complete.

Medical professional signature

Today's date (DDMMYYYY)

X



**Please pass this form back to the student for return to Student Finance NI.**

## Additional information

### Do you need help?

If you have any questions about your application you can email your local DSA Office.

**[dsa.officer-armagh@eani.org.uk](mailto:dsa.officer-armagh@eani.org.uk)**

**[dsa.officer-ballymena@eani.org.uk](mailto:dsa.officer-ballymena@eani.org.uk)**

**[dsa.officer-belfast@eani.org.uk](mailto:dsa.officer-belfast@eani.org.uk)**

**[dsa.officer- Dundonald@eani.org.uk](mailto:dsa.officer- Dundonald@eani.org.uk)**

**[dsa.officer-omagh@eani.org.uk](mailto:dsa.officer-omagh@eani.org.uk)**

**[dsa-pt-pg@eani.org.uk](mailto:dsa-pt-pg@eani.org.uk)**

**You should include your Customer Reference Number on any emails you send.**

### Do you need this form in braille, large print or audio format?

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

**[brailleandlargefonts@slc.co.uk](mailto:brailleandlargefonts@slc.co.uk)**

or you can telephone us on **0141 243 3686**.

### Before you send your form

We recommend that you keep a copy of this form for your own records.

You may need it later for your Needs Assessment.

### Where to send your form

You must return your completed form to your local Student Finance NI (SFNI) office. You can find their address at **[www.studentfinancenico.uk](http://www.studentfinancenico.uk)**



**Remember to pay the correct postage**