

Disabled Students'
Allowances
2010/11

Application Form



DSASL

SFE/DSASL/1011

This form is also available on our website
www.direct.gov.uk/studentfinance

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 will receive DSAs.

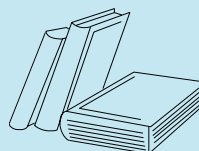
Delivery of specialist equipment



Non-medical helpers allowance



General Allowance



Extra travel costs



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

Visit **www.direct.gov.uk/studentfinance**

You can also find more information in the guide:

- Bridging the gap: A guide to the Disabled Students' Allowances (DSAs) in higher education 2010/11.

If you require this form or the above guide in Braille, large print or audio, please contact us.

How can I contact you?

- Visit **www.direct.gov.uk/studentfinance**
- Contact us on **0845 300 50 90** or by textphone on **0845 604 4434**.

Instructions

- Whenever you see this icon you must provide evidence to support your application. 

section 1 personal details

Customer Reference Number

Forename(s)

Surname

Sex

Date of birth

<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="checkbox"/>	Male				<input type="checkbox"/>	Female			
<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 2 other financial support

Will you be eligible, in the academic year 2010/11, for:

- a Department of Health or 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 'Yes', you will **not** qualify for DSAs from Student Finance England. **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.

section 3 your disability, mental health condition or specific learning difficulty

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

e 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.

e 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 teacher. If you had a diagnostic assessment carried out before your 16th birthday it will usually 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?

section 3 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 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"/>	<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"/> / <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"/>

e 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.

section 4 your consent

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

- ☐ I agree that Student Finance England, the disability adviser at my university or college, and my DSA Needs Assessor may exchange information about my application for DSA where this is necessary to make sure I get the help I need.
- ☐ I agree that Student Finance England 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 England can directly pay the suppliers of equipment and support.

section 5 your 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. 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.direct.gov.uk/studentfinance-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 us.

- 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.

Your full name (in BLOCK CAPITALS):

Your signature:

Date:


 / /

Additional Notes

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

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 fee.

You must return your completed form to the address shown on the list available online at www.direct.gov.uk/studentfinance.