



NIR/DSASL/2122/A

## 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

If you are eligible for DSA, you attend your Study 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.

## Categories of support available through DSA

Delivery of specialist equipment

Non-medical helpers allowance



General allowance



Extra travel costs



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

Visit www.studentfinanceni.co.uk

You can also find more information in the guide:

• '2021/22 DSA students - Bridging the gap: A guide to the Disabled Students Allowances (DSAs) in Higher Education'.

## 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.studentfinanceni.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.

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# Section 1 - personal details

Customer Refere	ence Number 0 8 6 9 4 8 1 1 2 8 9
Forename(s)	George Lochlin
Surname Sex	Bradley  Male Female
Date of birth	Day Month Year  1 4 0 6 2 0 0 3

# Section 2 - other financial support

Bursaries and awards In academic year 2021/22 will you be eligible to apply for	or:		
<ul> <li>an NHS bursary (excluding the social work bursary pa by the NHS Business Services Authority)</li> </ul>	Yes No		
<ul> <li>a Scottish Government Health Directorate Bursary (Scottish Healthcare Allowance)</li> </ul>	Yes No		
<ul> <li>a healthcare bursary from the Department of Health for Northern Ireland</li> </ul>	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. <b>Do not continue with this application.</b>			
Do you currently receive any financial help towards trave.g. mobility component of Disability Living Allowance of Personal Independence Payment			
If 'Yes' please provide full details including amounts			
Type of financial help	Amount (£)		

# **Section 3 - DSA information and evidence**

Your disa	ability, mental health condition or specific learning
Please give	e full details and provide evidence of your disability, mental health or specific learning difficulty.
	so download and complete the Disability Evidence Form from lentfinanceni.co.uk
Physical o	disability/mental health condition (e
You should	d provide a written medical statement from a doctor or appropriately pecialist, confirming the nature of your disability or mental health
You should Specific Le • A Practiti	earning difficulty (for example, dyslexia) end provide a diagnostic report, written in accordance with the 2005 earning Difficulty (SpLD) Working Group Guidelines, from either: oner Psychologist; or y qualified specialist teacher, holding a SpLD Assessment Practicing e.
It is your re	esponsibility to pay any costs to obtain the required evidence.
On what da	ate was your disability, mental health or specific learning difficulty last assessed?

## **Section 3 - DSA information and evidence**

## Continued

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Is this your first application for I Allowances (DSAs)?	Disabled Students'  Yes No
, , ,	if 'Yes' go to section
If 'No', please provide details of made.	f each previous DSA funding application you have
Date of application	Funding authority applied to 😉
Day Month Year / / / / / / / / / / / / / / / / / / /	
•	e showing the result of each previous DSA funding leeds Assessment Report you received from the
,	nce requested, please provide full details of the below.
We may contact the relevant fu	inding authorities for further information.

# Section 4 - your consent

Your consent to DSA arrangements

Please tick the boxes below if you consent to the following DSA arrangements. If you do not give consent it may delay any payments you receive.  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.				
•	e NI and the disability adviser at my university or mation about my application for DSAs where this 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 5 - your bar	nk or building society account			
UK bank/building society acc	ount details			
directly. However, please comp	pliers of your equipment or support services lete the section below so that we can pay you if provide these details if you have already given			
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**

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

Alternatively, you can request a copy by writing to the Student Loans Company Ltd (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 it's not I understand I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted.

our signature	Today's date	Today's date	
<	Day Month Year		

# **Additional notes** If you are providing extra information below please clearly mark what section and question number the information is about.

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 your local Student Finance NI (SFNI) office. You can find their address at www.studentfinanceni.co.uk