

## DSA Claim

Before you fill in this form, please make the relevant number of copies that you will need in order to claim for the cost of your helper(s) for this year of your course.

### Section A – Student details

Name  Date of Birth   /   /

SAAS reference number

### Section B – Help you received – tell us what help you received (for example, scribe/note-taker, interpreter, etc.)

Week	Actual dates you received help during the month of <input type="text"/>	Number of hours help you received	Amount each hour	Total amount
One			£	£
Two			£	£
Three			£	£
Four			£	£
Five			£	£
Total amount for the month				£

### Section C – Student declaration

SAAS will use the information you have given us in this form for the purpose of processing this claim. Further information on how we collect, hold and process your information can be found at <http://www.saas.gov.uk/data-protection>. We have a duty to appropriately manage public funds and we will use the information provided on this form for the prevention, detection, investigation and reporting of crime, including Fraud. We will share this information with other bodies for these purposes.

- All the information I have given on this form is complete and accurate, to the best of my knowledge and belief.
- I will give SAAS any additional information or documents it may request to enable SAAS to exercise its functions.
- I understand that if I give SAAS false, incorrect or incomplete information or my conduct is otherwise unsatisfactory, SAAS may withdraw my funding and I may be prosecuted and SAAS would seek overpayment of any sums received to which I am not entitled.
- I will repay any amount which I have received, or had paid on my behalf, which is more than the award that was due to me.
- I understand that the information I have provided will be used for the prevention and detection of crime and I understand SAAS will share this information with other bodies for these purposes.

Account number

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Sort code

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Signature

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Date

D	D	/	M	M	/	Y	Y	Y	Y
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### Section D – Helper declaration

- I confirm that I have provided the support shown above to the student named above.

Signature

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Date

D	D	/	M	M	/	Y	Y	Y	Y
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