

## Student Awards Agency for Scotland

Gyleview House, 3 Redheughs Rigg, Edinburgh, EH12 9HH Telephone: 0300 555 0505 Fax: 0131 244 5887 website: www.saas.gov.uk

# Application for the Disabled Students' Allowance (DSA) for eligible full-time students 2013-2014

The closing date for applications is 31st March 2014

# Section A - Reference number

f you have one, please give your SAAS reference number				
this appears on all the letters we send you).				
approximation and action of the state				

You should fill in this form if you have a disability and face extra costs due to studying or attending your course. Fill in the form in CAPITAL letters using black ink. The accompanying notes give advice about the DSA for students studying a course of higher education. You should fill in sections A – C and section E. If you need more information, you can visit our website at www.saas.gov.uk, e-mail us at SAAS\_4@scotland.gsi.gov.uk or call us on 0300 555 0505. You can get an alternative version of our DSA literature in a format most suited to your needs. Contact us on 0300 555 0505.

#### **Data Protection Statement**

Data Protection Act 1988 and fraud prevention— This Agency has a duty to protect the public funds it administers, and to this end will use and share the information you have provided on this form with other organisations for the purposes of ensuring you remain eligible for support. We will also use that information for the prevention and detection of fraud and will also share this information with other bodies responsible for auditing or administering public funds for these purposes. We may request information from other organisations for the purpose of ensuring that you remain eligible for support and that the level of support awarded is correct. You should read the full SAAS Privacy Statement and Fraud Prevention Statement on our website.

# Who should fill in this form?

You can fill in this form if you are:

- doing a full-time undergraduate or postgraduate course that we support; or
- doing a diploma or degree in nursing and midwifery; or
- applying to us for your fees and/or living-costs support (loans, bursary and grants).

If you are not sure what form to fill in, please read our

Do not send this form to us until you have filled in your application for your main support. DSA notes.

#### **Important**

Once we have confirmed that you are eligible to receive support from us, we can consider you for the DSA. This means **we cannot process your DSA application** until we receive your application for your fees and/or living-costs support. You can apply on-line at www.saas.gov.uk.





# Section B – Your personal and course details

College/university you are studying at in session 2013-14	1
Full title of the course you are studying in session 2013-1	4
Title (Mr/Mrs/Miss/Ms) First names	Last name
Date of birth (for example 15/12/1988)  Tele	ephone number (including code)
Bank Sort code details	Account number
Please note we cannot pay any DSA without a valid bank	or building society account.
<b>Section C – Your disability or learning diff</b> If you are applying for the DSA for the first time, you nespecific learning difficulty.  What disability or specific learning difficulty do you have?	must send supporting evidence of your disability, or
I have dyslexic/dyscalculia/specific learning disability	
I have a visual impairment	
I have a hearing impairment	
I use a wheelchair or have difficulties getting around	
I have mental-health difficulties	
I have an unseen disability (e.g. diabetes, autistic spectrum disorder, epilepsy, asthm	na)
I have two or more of the disabilities or special needs about (please give the details below)	ove
I have a disability or specific learning difficulty that is not I (please give the details below)	listed above.
If you want to give us more information about your disabil	lity, or specific learning difficulty, please do so here.

2



# Section D – Your support details

### Please tick one of the three boxes below.

This is my first application for DSA and I have already received a needs assessment (see the DSA notes) from my college or university. (Do <b>NOT</b> list your requirements in the boxes below.) Please make sure you send us a copy of your assessment report with this form.									
This is my first application for DSA and I would like you to arrange a needs assessment (see the DSA notes) for me from an Access Centre. (Do <b>NOT</b> list your requirements in the boxes below.)									
oport you r	need in the box	es below. Plea	ase refer to						
Basic Allowance (small items)			Estimated cost (£)  Please enter an amount.  Do not write "to be confirmed"						
Hourly rate	Hours per week	Number of weeks support required	Estimated cost (please enter an amount do not write 'to be confirmed')						
£			£						
£			£						
£			£						
£			£						
£			£						
1		Estimated total cost	£						
		Please put an am	nount.						
Total	£								
	Hourly rate  £ £ £	NOT list your requirement assessment report with the dike you to arrange a new NOT list your requirement of NOT list your requiremen	NOT list your requirements in the box assessment report with this form.  It like you to arrange a needs assessment of NOT list your requirements in the boxes of NOT list your requirements in the box assessment report with this form.    SA before and I would like to claim DS/port you need in the boxes below. Please enter an arrow on the please enter a						

Section E – Declaration, agreement and student consent





Please make sure that you and your assessor or disability advisor have signed the declarations below before you send us the form. If you do not do this, we will have to return the form to you which will delay your application. We cannot accept forms signed by anyone other than your assessor or disability advisor.

The assessor/disability advisor at the institution you currently attend/are planning to attend must fill in this section.							
I can confirm that in my opinion, any support that is set out in this claim is essential for this student to complete his or her course and to my knowledge, the details on the claim are correct.							
College or university you will be attending							
Name of assessor or disability advisor (print)							
Phone number of assessor/disability advisor							
Email of assessor/disability advisor							
Signature of assessor/disability advisor Date\ \							
You must sign and date this section. We may prosecute you if you give false information.							
Payments of Disabled Students' Allowance are made under the Students' Allowances (Scotland) Regulations 2007 (as amended)							
<ul> <li>As far as I know the details I have given on this form are complete and accurate.</li> <li>I agree to tell you immediately if I do not matriculate or withdraw from my course of study.</li> <li>I have read and understood the privacy statement at the start of this application on Fraud and the Data Protection Act 1998. I consent to the use of information I have provided and to the collection of other information, as set out in the privacy statement. I understand you will use this information to confirm that I am and continue to remain eligible for an award and that the amount of the award is correct.</li> <li>As far as I know the details I have given on this form are complete and accurate.</li> <li>I need to spend the amount shown in this form or which is shown in my needs assessment report, so I can complete my course. I will send you receipts for all items that I purchase under the DSA.</li> <li>I will tell you immediately if my circumstances change in any way that might affect any amount which I have received or had paid on my behalf.</li> <li>I understand that if I give you false information or do not give complete information, you may prosecute me and withdraw my support.</li> <li>I agree to repay any amount which I have received or had paid on my behalf, which is more than the award due to me.</li> <li>Your signature</li></ul>							
You must read this section.  Getting DSA support will be quicker and easier if you agree to the statement shown below. We <b>strongly</b> advise that you tick the check box, but you do not have to as we will process your application regardless.							
I agree that SAAS, the disability advisor at my institution or college, and my DSA assessor may exchange information about my application for the DSA, or other disability related support, where this is necessary to assist in providing me with the disability support I need.							
Check list - have you and your disability advisor:							
<ul> <li>Applied for your main support (i.e. tuition fees and/or living cost support)</li> <li>Included evidence of your disability (if this is the first time you have applied for DSA)</li> <li>Included a copy of your needs assessment (if it has already been carried out)</li> <li>Filled in sections B, C and D and signed the form on page 4</li> <li>Included a supporting letter (if you are a continuing student and require a new needs assessment)</li> </ul>							

4



