

# DSA Slim

DSA Slim - Disabled Students'  
Allowances Application Form

2019/20



# How to get Disabled Students' Allowances (DSAs) in 3 easy steps

Here is a summary of the steps involved in applying for and receiving DSAs.

## 1

### **Apply for DSAs**

Complete all sections in this form, and return it with all the evidence we need. The sooner we receive your completed form with all evidence - the quicker we'll be able to tell you if you could get DSAs.

Make sure you sign and date the declaration at the end of this form.

## 2

### **Find out exactly what equipment and support you need**

If you are eligible for DSAs you may need to attend a Study Needs Assessment to make sure you get the right specialist equipment and/or services to help you complete your course. If you need to attend a Study Needs Assessment we'll send you a letter to tell you how to do this.


If you do need to attend a Study Needs Assessment the Assessment Centre will send us a report. This will recommend equipment and other support you may need, how much it will cost and who can provide it. You will also receive a copy of this report. We will review their recommendations and make our final decision.

This process can take some time – make sure you book your Study Needs Assessment as soon as you get our letter so that you can get all the necessary equipment and support before your course starts.

## 3

### **Get your equipment and support**

We'll send you a DSA entitlement letter to tell you what equipment and other support you will receive DSAs for. The letter will also provide instructions on how to arrange delivery of your equipment and/or arrange other support. Don't buy or arrange equipment or support before you receive your DSA entitlement letter because we won't be able to reimburse you for these costs.

 Where you see this icon there is a guidance note to help you complete the question.

 Where you see this icon you need to send evidence with your application.

## Application deadline

You should return your application as soon as possible and no later than 9 months after the start of your academic year. If you are unable to return your application by this date use the Additional notes pages at the end of this form to tell us why.

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

Go to **[www.gov.uk/studentfinance](http://www.gov.uk/studentfinance)** for information and guidance.

## How can I contact you?

- Email us at **[dsa\\_team@slc.co.uk](mailto:dsa_team@slc.co.uk)**
- Contact us on **0300 100 0607**

## Alternative formats

You can order forms and guides in Braille, large print or audio. You can either:

- email your name, address and Customer Reference Number along with what form and format you require to **[brailleandlargefonts@slc.co.uk](mailto:brailleandlargefonts@slc.co.uk)** or
- 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.

## Who should complete this form

**1** What type of course are you/will you be studying?

- ☐ Full-time undergraduate course – go to question 2
- ☐ Part-time undergraduate course – **You should complete a DSA1 form**
- ☐ Postgraduate course – **You should complete a DSA1 form**

**2** Have you applied for other student finance (a tuition fee loan or maintenance loan)?

- ☐ Yes - go to question 3
- ☐ No - **You should complete a DSA1 form**

**3** Have you applied for DSAs for your current course before?

- ☐ Yes - I've already received DSAs – **You don't need to reapply**
- ☐ No - I'm applying for DSAs for the first time – **Complete this form**

You can download a copy of the DSA1 form and notes from **[www.gov.uk/studentfinance](http://www.gov.uk/studentfinance)**

## Section 1

## Personal details

Customer Reference Number

Forename(s)

Surname

Sex

☐ Male ☐ Female

Date of birth (DDMMYYYY)

## Section 2

## Other financial support

In academic year 2019/20 will you be eligible to apply for any of the following:

**a1** A Department of Health or NHS Bursary excluding the Social Work Bursary paid by the NHS Business Services Authority

☐ Yes ☐ No

**a2** A bursary from Student Awards Agency Scotland (SAAS)

☐ Yes ☐ No

**a3** A Healthcare Bursary from the Department of Health (Northern Ireland)

☐ Yes ☐ No



If you answered 'Yes' to any of the above questions **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.

## Section 3

## Your disability

- a1** Please give the name or diagnosis and provide **photocopied** evidence of your disability. See the notes for what evidence you need to send.

Your evidence must confirm that you meet the definition of a person who has a disability under the Equality Act 2010.



**Keep all original evidence - you may need this later. We only need a photocopy. This will be securely destroyed once processed.**

It is your responsibility to pay any costs to obtain the required evidence.

- n** You meet the definition of a person with a disability under the Equality Act 2010 if you have a physical, sensory or mental impairment which has a substantial\* and long term adverse effect on your ability to carry out normal day-to-day activities (including education).

\*more than minor or trivial

**e Physical, sensory, long term health conditions or mental health conditions**

You should provide a written statement or letter from a doctor or appropriate qualified medical professional which confirms a substantial and long term adverse effect on your ability to carry out normal day-to-day activities.

**e Specific Learning Difficulty (for example, dyslexia)**

You should provide a diagnostic report, written in accordance with the 2005 Specific Learning Difficulty (SpLD) Working Group Guidelines, from either:

- A Practitioner Psychologist; **or**
- A suitably qualified specialist teacher, holding a SpLD Assessment Practicing Certificate.

**e Autistic Spectrum Disorders**

You should provide a written statement or letter from a doctor or appropriate qualified medical professional which confirms a substantial and long term adverse effect on your ability to carry out normal day-to-day activities;

**or**

Statement of Special Educational Needs (SEN) issued by a local authority

## Section 4      Consent to share DSA



**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.

- ☐ I agree that Student Finance England and the disability service at my university or college 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 England 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 England 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 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

To find out how we'll use the information you provide go to **[www.gov.uk/studentfinance](http://www.gov.uk/studentfinance)** to read our Privacy Notice before signing this form.

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 may not receive financial support, any support I have had may be withdrawn and I could be prosecuted.

Your full name (in BLOCK CAPITALS)

Your signature

Today's date (DDMMYYYY)

## Checklist

Before returning this form, please make sure you have done the following:

- ☐ Signed and dated the declaration.
- ☐ Enclosed **copies** of all the evidence requested to support your application. **e**
- ☐ Kept your original evidence.



**All evidence will be securely destroyed once processed.**



**Please remember to pay the correct postage fee.**

**Once you have completed this form, and signed and dated the declaration, please return it to us at:**

**Student Finance England  
PO Box 210  
Darlington  
DL1 9HJ**