

DSA1 Form

Application for Disabled Students' Allowances

2019/20



Who should complete this form

Before completing this form, you should read the Privacy Notice on page 12 of the accompanying notes.

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

| Full-time undergraduate course |
|--|
| Have you applied for other student finance (Maintenance Loan or Tuition Fee Loan)? |
| Yes – You should complete a DSA Slim form |
| No - You should complete this form |
| Part-time undergraduate course – Complete this form |
| Postgraduate course – Complete this form |
| Postgraduate healthcare course |
| Are you professionally registered in the subject you are/will be studying? |
| Yes – You should not complete this form |
| No - You should complete this form |

You can download a DSA Slim form from www.gov.uk/studentfinance.

If you're a full-time undergraduate student and you want to apply for other student finance as well as DSAs, you should complete a student finance application form and a DSA Slim application form, both are available to download from www.gov.uk/studentfinance.

Application deadline

You should return your application as soon as possible and no later than 9 months after the start of your academic year. See page 7 of the DSA1 notes for academic year dates. If you are unable to return your application by this date use the 'Additional notes' page at the end of this form to tell us why.

You can order forms and guides in Braille, large print or audio. For more information on how to do this please refer to the notes.

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

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.

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

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.

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.

- Mhere you see this icon you should check the guidance notes for help to complete a question.
- Where you see this icon you need to send evidence with your application. Use the guidance notes to find out what you need to send.

You may be eligible for a bursary or scholarship. In order for a university or college to determine and pay any bursary or scholarship to which you may be entitled, we will share some of your personal, financial and course details as well as information about your eligibility for student finance with them. For more information about this, read our Privacy Notice.

Please contact the university or college if you require further information about their bursaries and scholarships.

Personal details



If you will be studying a postgraduate healthcare course in a discipline you're already professionally registered in, you should not complete this form.

| _ | | |
|---|---|--|
| - | ou have applied for student | |
| finance before, please provide your Customer Reference Number | | |
| Pe | rsonal details | |
| a | Title | Mr Mrs Miss Ms |
| | Forename(s) | |
| | Surname | |
| | Sex | Male Female |
| | Date of birth (DDMMYYYY) Please complete these questions with the details exactly as stated on your birth certificate or passport. | |
| | Place of birth (the name of the town or village) | |
| | Nationality n | |
| lde | entity evidence details | |
| | Do you hold a UK passport? | Yes No if no go to b3 |
| b2 | valid and not expired (this is the means you do not need to send | you provide with HM Passport Office to |
| | December 1 | |
| | Passport number | |
| | Forename(s) | |
| | Surname | |
| | Date of issue (DDMMYYYY) | |
| | Date of expiry (DDMMYYYY) | |

Email address **n**

Personal details

| b3 | b3 Send your original non-UK passport or Biometric Residence Permit; [2] | | | |
|-----------|--|-------------------|-------------------------------|---|
| | or Send your original UK birth or adop | tion certif | ficate and a completed | |
| | Birth/Adoption Certificate form. | | | |
| Pr | evious loans | | | |
| C | Have you ever had any other loans fr the Student Loans Company (SLC)? | om | Yes No if no go to | d |
| | If 'Yes', are you behind with the repayments? | | Yes No | |
| Ar | med Forces | | | |
| d1 | Are you a member of the Armed Ford serving outside England? | ces | Yes No | |
| d2 | Are you a family member of someone | Э | | |
| | in the Armed Forces serving outside England? (for example: spouse or ch | ild) ne | Yes No | |
| Co | ontact details | | | |
| е | Please give your current home addre | ss. If you l | know it. please also give | |
| | your term-time correspondence addr | - | , , , | |
| Н | - | ess. 🔟 | ne address | _ |
| H | your term-time correspondence addr | ess. 🔟 | | 7 |
| H | your term-time correspondence addr | ess. 🔟 | | |
| H | your term-time correspondence addr | ess. 🔟 | | |
| H | your term-time correspondence addr | ess. 🔟 | | |
| H | your term-time correspondence addr | ess. 🔟 | | |
| H | your term-time correspondence addr | ess. 🔟 | | |
| H | your term-time correspondence addr | ess. 🔟 | | |
| | your term-time correspondence addr | ess. 🔟 | | |
| | your term-time correspondence addr | ess. 🔟 | ne address | |
| P | your term-time correspondence address ostcode | Postcode Date you | e will move to this address | |
| P | your term-time correspondence addr | ress. Term-tim | e will move to this address | |

The DSA team may contact you by email, so please put your main email address.

Other financial support

Bursaries and awards

If you are an **undergraduate student** in this academic year will you be eligible to apply for

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 (DoH) for Northern Ireland

Yes No

If you've answered yes to any of the above questions, do not continue with this application unless you started a part-time course on or after 1 August 2018 at a university or college in England. If you're not continuing with this application, you should contact your bursary provider for advice on any extra support you may be entitled to.

If you are a **postgraduate student** in this academic year will you be eligible to apply for

b1 A Department of Health, NHS, SAAS or other healthcare bursary Yes No

b2 A Research Council bursary

Yes No

b3 An NHS Business Services Authority bursary for students studying an approved postgraduate social work course that includes extra support because of your disability

Yes No

b4 A bursary from your college or university that includes extra support because of your disability, mental health condition or specific learning difficulty (do not count any payment you get from your university or college's hardship fund).

Yes No

If you have answered 'Yes' to any of the above questions in this section 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.

Residence

Nationality

a1 Are you a UK national? ne

Are you an EU national?

- a2 If 'Yes', have you lived in the UK and Islands for five years before the first day of the first academic year of your course?
- a3 Are you a Postgraduate student?

 If 'Yes', have you lived in the UK and Islands for three years before the first day of the first academic year of your course?
- a4 Are you the child of a Swiss national?
- a5 Will your Swiss national parent be living in the UK on the first day of the academic year?

Residence status

- a6 Are you or your:
 - husband, wife, civil partner; or
 - parent(s), step-parent; or
 - child, step-child

a European Economic Area (EEA) national or Swiss national who is working, has worked or is looking for work in the UK?

If 'Yes', please give details below.

You should also give details of your previous studies.

If you are currently working, are you going to continue working during your studies?

If 'Yes', please give details.

| Yes | No | if no go to a7 |
|-----|----|----------------|

Yes

Yes No if yes go to b2

go to b2

- a7 Are you the child of a Turkish worker who is working in the UK? •
- a8 Do you have 'settled status' in the UK? **n**e

If 'Yes', give the date you received this status (DDMMYYYY).

- a9 Have you or your:
 - husband, wife, civil partner; or
 - parent(s), step-parent

been granted 'refugee status' by the UK Government?

If 'Yes', and if applicable, please give the following:

Home Office reference number

Date this status is due to expire (DDMMYYYY)

a10 Have you or your:

- husband, wife, civil partner; or
- parent(s), step-parent

been granted

Humanitarian Protection. ne

If 'Yes', and if applicable, please give the following:

Home Office reference number

Date this status is due to expire (DDMMYYYY)

| Yes No if yes go to b2 |
|------------------------|
| Yes No if no go to a9 |
| go to b2 |
| |
| |
| Yes No if no go to a10 |
| |
| |
| go to b2 |
| |
| |
| Yes No if no go to a11 |

go to b2

| _44 | Have very exposure | |
|-----|---|--------------|
| ап | Have you or your: | |
| | • husband, wife, civil partner; or | |
| | • parent(s), step-parent | |
| | been granted 'leave to remain' as a Stateless Person? | Yes No if no |
| | If 'Yes', and if applicable, please give | |
| | the following: | |
| | Home Office reference number | |
| | Date this status is due to expire | |
| | (DDMMYYYY) | |
| 40 | | |
| a12 | Have you been granted 'leave to remain' in the UK under section 67 of the | |
| | Immigration Act 2016, or are you the | |
| | dependant child of someone who has? | Yes No if no |
| | If 'Yes', and if applicable, please give | |
| | the following: | |
| | Home Office reference number | |
| | Date this status is due to expire | |
| | (DDMMYYYY) | |
| 213 | On the first day of the first academic | |
| aio | year of your course will you be under 18 | |
| | and will you have been living in the UK | |
| | and islands for seven years? | Yes No |
| a14 | On the first day of the first academic | |
| | year of your course will you be over 18 | |
| | and will you have lived in the UK for at | |
| | least 20 years, or at least half of | Yes No |
| | vour life? n | 1 C3 1NU |

0

If you answered 'No' to all the questions in this section you are not eligible for student finance from Student Finance England. Do not continue with this application.

b1 In the three years prior to the start of the first academic year of your course, did you live outside the UK and Islands at any time?

| Yes | No | if no go to b3 |
|-----|----|----------------|

go to a12

go to b2

go to a13

go to b2

b2 Give details of your residence for the three years before the first academic year of your course.

| Full address |
|---------------------|
| |
| From (DDMMYYYY) |
| To (DDMMYYYY) |
| Why were you there? |
| |
| |
| |
| Full address |
| |
| From (DDMMYYYY) |
| To (DDMMYYYY) |
| Why were you there? |
| |

If you require further space to provide your answer, please give the details requested above on the additional notes section at the back of this form.

- b3 At any time since 1 September 2016 has:
 - either of your parents, step-parents, guardians; or
 - your husband, wife, civil partner

lived or worked outside the UK and Islands or, in the case of an EU, EEA or Swiss national, outside the EEA or Switzerland?

If 'Yes', please give details.

b4 Give details of your residence for the five years before the first academic year of your course.

| Yes | No | if no | go to section 4 |
|----------|---------------|-------|-----------------|
| Full add | ress | | |
| | | | |
| | | | |
| | | | |
| From | | | (DDMMYYYY) |
| То | | | (DDMMYYYY) |
| Why wer | e they there? |) | , |
| | | | |
| | | | |
| | | _ | |
| | | | go to section 4 |

| Full address |
|---|
| |
| From (DDMMYYYY) To (DDMMYYYY) Why were you there? |
| Full address |
| I dil address |
| From (DDMMYYYY) To (DDMMYYYY) Why were you there? |
| |

If you require further space to provide your answer, please give the details requested above on the Additional notes section at the back of this form.

About your course and university or college

In this section, please give details of your first choice university or college and course.

| an | and course. | | |
|-------------------------------|---|---|--|
| University or college details | | | |
| a | University or college name and address | Postcode | |
| | | 1 0310000 | |
| Co | ourse details | | |
| b | If you are following a combined studies or modular course, list all subjects being studied. | | |
| | Qualification you expect to gain (for example BSc Physics) | | |
| | Course start date (MMYYYY) Course end date (MMYYYY) Course length (years) | | |
| | Year of course If the course is franchised to another university or college, | Foundation year First year Second year Other (give details) | |
| | give the address of the other university or college. | | |
| | | | |

12 SFE/DSA1/1920

Postcode

About your course and university or college

Term details

where will you spend most of your time this academic year?

| Te | rm 1 |
|----|---|
| L | University or college |
| | Study abroad |
| | Work placement |
| Те | rm 2 |
| | University or college |
| | Study abroad |
| | Work placement |
| Те | rm 3 |
| | University or college |
| | Study abroad |
| | Work placement |
| | if you have tished (i) being with an |
| | college" for all 3 terms go to section 5 |
| Te | rm 3 University or college Study abroad Work placement if you have ticked "University or |

d Have you been accepted onto the Erasmus exchange scheme?

| Yes No | if 'Yes' or you'll be studying abroad go to section 5 |
|--------|--|

About your course and university or college

| Placement details e Where will your placement be? Placement name and address if | Abroad UK Don't know |
|---|--|
| known n | |
| | |
| | Postcode |
| Is the placement paid or unpaid? | Paid Unpaid |
| lf 'unpaid' please tick which type | a hospital, Public Health Service Laboratory or with a Clinical Commissioning group in the UK; |
| | a Special Health Authority, the National Health Service Commissioning Board, the National Institute for Health and Care Excellence, the Health and Social Care Information Centre, Local Health Board, Health Board, Special Health Board or Health and Social Services Board in the UK; |
| | a Local Authority carrying out its duties relating to health, welfare or caring for children and young people, a voluntary organisation providing facilities or carrying out similar activities or a Local Authority acting in the exercise of public health functions in the UK; |
| | the prison or probation sector or after-care services in the UK; |
| | unpaid research in a UK or overseas institution; |
| | an unpaid placement in the Houses of Parliament; |
| | an unpaid placement that is not listed above. |

Your university or college

Please ask your university or college to complete this section.

If you do not want to tell your university or college about your disability, mental health condition or specific learning difficulty, please read section 5 of the notes for further instructions and then go to section 6.

To be completed by the student's university or college.

Instructions for university or college

Complete this section for all students, **unless** they are on a full-time undergraduate course **and** are applying for other finance.

Complete the SLC or UCAS university or college code.

Tick the box that applies to the student.

Complete the university or college declaration.

To find out how we'll use the information you provide go to **www.gov.uk/studentfinance** to read our Privacy Notice before completing this form.

SLC or UCAS university or college code

| - | | |
|---|-------|---|
| | | |
| | _ | _ |
| | | |

Part-time undergraduate students

I confirm to the best of my knowledge and belief that:

- the student named in section 1 is studying or applying for the course named in section 4;
- the student started their course **before 1 September 2012** and plans to complete the course at an average rate of study of at least **50**% of that needed to complete the course, or
- the student started their course on or after 1 September 2012 and plans to complete the course at an average rate of study of at least 25% of that needed to complete the course, or an equivalent course, on a full-time basis; and
- the student's rate of study in % of the equivalent full-time course is

| % |
|---|
| |

Full-time undergraduate students, (who are not applying for other finance) and full-time undergraduate distance learning students.

I confirm to the best of my knowledge and belief that:

- the student named in section 1 is studying or applying for the course named in section 4; and
- the student named in section 1 plans to complete the course on a full-time basis either attending their course or by distance learning methods.

Your university or college

Part-time postgraduate students

I confirm to the best of my knowledge and belief that:

- the student named in section 1 is studying or applying for a part-time postgraduate course; and
- the student started their course before 1 September 2012 which will not take more than twice as long to complete as an equivalent full-time course; or
- the student started their course on or after the 1 September 2012 which will not take more than four times as long to complete as an equivalent full-time course.
- the student's rate of study in % of the equivalent full-time course is

%

Full-time postgraduate students

I confirm to the best of my knowledge and belief that:

- the student named in section 1 is studying or applying for the course named in section 4;
- this course has usual entry qualification of a first degree or higher; and
- the student will not receive an award from their institution (not including any payment from the institution's hardship fund) to meet the extra course-related costs they have to pay because of their disability.

University or college declaration

Your full name (in BLOCK CAPITALS)

Your signature

Position

Your phone number (including area code)

Your email address

Date (DDMMYYYY)

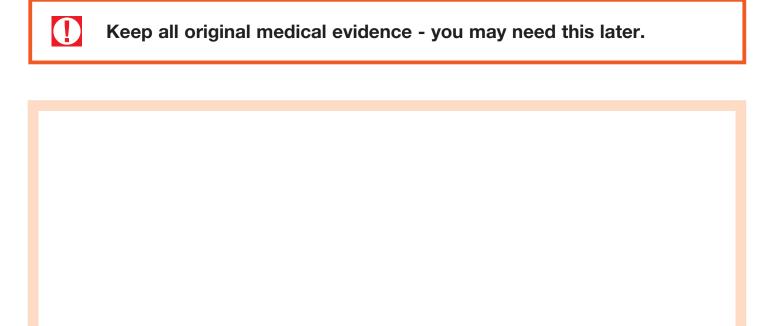
| University or Coll | |
|--------------------|--|

Your disability

DSAs information and evidence

Please give the name or diagnosis and provide photocopied evidence of your disability. See the notes for what evidence you need to send. You can also download and complete the Disability Evidence form from www.gov.uk/studentfinance

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



If you require further space to provide your answer, please give the details requested above on the Additional notes section at the back of this form.

Your disability

b Consent to share DSAs

| • | Please mark the boxes below to give consent to the following DSAs arrangements. This will allow us to make sure you get the help you |
|---|--|
| | need by exchanging information with the necessary organisations. If |
| | you do not give consent it may delay any support you need. |

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 7

Your UK bank or building society account details

UK bank or building society account details

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)

0

Remember to read, sign and date the declaration starting on page 19

Student Declaration In

This declaration covers all of the student finance available to students for academic year 2019/20.

You should read the specific terms and conditions about loans, Childcare Grant and Disabled Students' Allowances because they will affect you if you apply for them at any time in this academic year. If you don't apply for these in the academic year their specific terms and conditions will not affect you.

Your application for financial support may be delayed unless you sign and date this declaration.

General Declaration

- 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 received may be withdrawn and I could be prosecuted.
- I agree to give SLC any information they require to process my application and agree to tell them immediately if my circumstances change in any way that might affect my entitlement to financial support. I understand that if I do not do this, I may not receive any further payments, and may have to repay the financial support I have already received.
- I agree that in the event of receiving an overpayment of financial support, I am obliged to repay this in full.
- I understand that if I have provided details of my UK passport on this form, SLC will verify those details with Her Majesty's Passport Office.
- I confirm where I have provided any personal information in relation to a third party, I have informed them of this.

Loan Contract

- **a** I confirm I have read and understood the guide to terms and conditions available online at www.gov.uk/studentfinance
- **b** I acknowledge and agree that any loan(s) made to me by the Secretary of State for Education, 'the lender' (which includes any persons exercising functions on behalf of the Secretary of State pursuant to section 23(4) of the Teaching and Higher Education Act 1998 as amended from time to time or successor legislation, 'the Act') will be on the terms set out in these declarations and in Regulations which are made under section 22 of the Act as amended from time to time.
- **c** I undertake to repay the lender any loan(s) made to me, together with all and any interest, penalties and charges which apply.
- d I acknowledge and agree that in the event that I have: (i) reached the age of 18 years; and (ii) have entered into one or more agreements for a loan under section 22 of the Teaching and Higher Education Act 1998 (and relative secondary legislation) before I reached the age of 18 years, upon signing this declaration I am agreeing to ratify any and all such student loans. I understand that ratification of any agreement for a loan made with me before I reached the age of 18 years is a statutory precondition of my eligibility for student support after attaining the age of 18 years.
- e I agree that any loan(s) made to me as a consequence of the acceptance of my application by the lender is a/are contract(s) between me and the lender which binds me from the payment to me of the first loan advance and that the repayment of any such loan(s), together with all and any interest, penalties and charges which apply, will be due by me to the lender as a debt.
- f I agree that I shall be obliged to make repayment of my loan(s), together with all and any interest, penalties and charges which apply, to such address as shall be notified to me in writing and that any services in respect of my loan(s) may be provided at such address or other address(es) as the lender may from time to time determine and that the service of providing the loan is provided at the lender's principal address.
- **g** I agree that any action for repayment and/or in respect of or in connection with my loan(s) and/or all and any interest, penalties and charges which apply, will be brought before the ordinary civil courts and shall be governed by the general rules of civil procedure.
- h I agree that my request for a loan, the loan and the contract between me and the lender shall be governed by the law of the place of my home address as stated in this application form (or, if my address is outside the United Kingdom, English law).

- i I irrevocably agree that the courts of the part of the United Kingdom in which my home address stated in this application form is situated (or the English, Scottish and Northern Ireland courts where my address is outside the United Kingdom) shall have non-exclusive jurisdiction to hear any action or proceedings arising out of or in connection with the loan and the contract between me and the lender and I irrevocably submit to the jurisdiction of those courts and waive any objection to the jurisdiction of those courts, provided that this shall not limit the lender's rights to take proceedings against me in any other court of competent jurisdiction.
- j I agree that from the date I submit this form until the date when my loan(s), together with all and any interest, penalties and charges which apply, is fully repaid I will notify the lender of any changes in the personal details (including National Insurance Number) and contact details I have provided as required in accordance with the regulations referred to in paragraph b.
- k In the event that I leave the United Kingdom to reside outside the United Kingdom or that for any other reason I am outside the UK tax system, I undertake to inform the lender in accordance with the regulations referred to in paragraph b and I undertake to provide the lender with my new and any subsequent contact details until my loan, together with all and any interest, penalties and charges which apply, is fully repaid.
- I I agree to take all future action requested by the lender and provide the lender with all information required to ensure repayment, in accordance with the regulations referred to in paragraph b.
- m If I breach any of the terms under which any loan(s) will be made I agree that I will be obliged to pay any charges and penalties which may apply under the Teaching and Higher Education Act 1998 and the regulations made under that Act, as amended from time to time or successor legislation and/or regulations.
- I understand that the Student Loans Company (SLC) will check my National Insurance number and personal details with the Department for Work and Pensions (DWP). If I do not know my National Insurance Number, or if the number I provide cannot be authenticated, DWP will trace and give my number to the lender.
- o If I have broken the terms of this contract I agree that the lender may share information held about me and my account with any person, including the government or a government agency of another country, who may assist in establishing my whereabouts and/or in taking action to recover outstanding loan amounts.

Disabled Students' Allowances (DSAs)

- I understand that any equipment I receive through DSAs must be used for my course of study and SLC is not responsible for paying any repair costs.
- I understand Student Finance England will pay the suppliers of any equipment and support directly.

Childcare Grant

- I understand and agree that in order to receive Childcare Grant, my personal details and my children's details will be shared to a contracted third party who will be handling the administration of Childcare Grants on behalf of SLC.
- I understand that if I do not inform SLC of any change of circumstances that affect the amount of Childcare Grant I am entitled to, I will have to pay back any overpayment.
- I confirm that neither I nor my husband, wife, civil partner or cohabiting partner have chosen to receive support for childcare from the childcare element of: (i) the Working Tax Credit; (ii), the Universal Credit; (iii) Tax-Free Childcare; and/or (iv) the NHS Childcare Allowance; and I agree to tell SLC immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support. I understand that SLC reserves the right to share my personal data with HMRC to check whether I am in receipt of childcare support from HMRC.

| Customer Reference Number Your full name (in BLOCK CAPITALS) | |
|---|-------------------------|
| | |
| Your signature (in ink) | Today's date (DDMMYYYY) |

Checklist

Before you return this form please make sure that:

| DSA1 | you've answered all the questions that apply to you |
|-----------------|--|
| DSA1 | your university or college has completed section 5 (if this applies to you) |
| Your signature: | you've read, signed and dated the declaration |
| е | you've included all the original evidence we need with this form |
| е | you've remembered to keep any original medical evidence requested in section 6, and only send photocopies |
| | |
| 0 | If you don't send all the evidence we need, your application may be delayed. |
| 0 | Remember, you don't need to send your UK passport as proof of your identity. You only need to complete your UK passport details in |

section 1. If you send your passport it may take several weeks before

Remember to pay the correct postage.

we can return it to you.

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

Student Finance England PO Box 210 Darlington DL1 9HJ

You can also return your completed form and evidence to the DSA team by email at dsa_team@slc.co.uk

Additional notes

