

Application for Disabled Students' Allowances (DSAs) 2019/20



DSA1
Form



This form is also available at www.studentfinanceneni.co.uk

Your forename(s)

Your surname

If you have applied for student finance before, please provide your
Customer Reference Number

Instructions

- You can order forms and guides in Braille, large print and audio by emailing with your name, address and 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**.
- This form should be used by full-time undergraduate students who are applying for DSAs only or part-time undergraduate students, and postgraduate students (both full-time and part-time) who are applying for DSAs in addition to the standard student finance.
- Answer all questions as fully as possible. If you do not, this may cause a delay to your application.
- Please refer to the DSA1 notes each time you see this icon. 
- Whenever you see this evidence icon you must provide evidence to support your application. Further information about the evidence required can be found in the DSA1 notes and will also be marked with this icon. 
- Return this form to the Education Authority (EA) address which can be found using the EA finder available online at **www.studentfinanceneni.co.uk**
- If you have any questions or problems, please call our Customer Support Office on **0300 100 0077**.



Remember to pay the correct postage.

Instructions

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

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.



Remember to pay the correct postage.

personal details

Personal details

a

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Forename(s)

Surname

Sex


Male ☐ Female ☐

Date of birth

Day Month Year

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) ^eNationality ⁿ

 You **must** send your **original** passport, birth certificate, adoption certificate or Biometric Residence Permit with your application form. If you send a birth certificate or adoption certificate you need to send it with a Birth/Adoption Certificate Declaration Form. ^e

b

Previous loans ⁿ

Have you ever had any other loans from the Student Loans Company (SLC)?

☐ Yes ☐ No

if 'No' go to c

If 'Yes', are you behind with the repayments?

☐ Yes ☐ No

Contact details

c

Please give your current home address. If you know it, please also give your term-time correspondence address. ⁿ

Home address

Postcode

Home phone number

Mobile phone number

Email address

Term-time address

Postcode

Date on which you will move to this address

Day Month Year

1

continued

personal details

d Armed Forces

- d1 Are you a member of the Armed Forces serving outside Northern Ireland? ☐ n ☐ e ☐ Yes ☐ No
- d2 Are you a family member of someone in the Armed Forces serving outside Northern Ireland? ☐ n ☐ e (for example: spouse or child) ☐ Yes ☐ No

2

other financial support

Bursaries and awards

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

- an NHS bursary (excluding the social work bursary paid by the NHS Business Services Authority); or ☐ Yes ☐ No
- a bursary from Student Awards Agency Scotland (SAAS); or ☐ Yes ☐ No
- a healthcare bursary from the Department of Health (DoH)

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

- an NHS, SAAS or other healthcare bursary; or ☐ Yes ☐ No
- a Research Council bursary; or ☐ Yes ☐ No
- an NHS Business Services Authority bursary for students studying an approved postgraduate social work course; or ☐ Yes ☐ No
- a bursary from your college or university that includes extra support because of your disability, long-term health condition, mental health condition or specific learning difficulty (do not count any payment you get from your university's or college's hardship funds); or ☐ Yes ☐ No
- funding from the Department for the Economy or from your university. ☐ 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*. **Do not continue with this application.**

other financial support

Do you currently receive any financial help towards travel costs?
e.g. mobility component of Disability Living Allowance or Personal Independence Payment

☐ Yes
 ☐ No

If 'Yes' please provide full details including amounts

Type of financial help

Amount (£)

Nationality

- a1** Are you a UK or ROI national? ☐ **Yes** ☐ **No** if 'Yes' go to b1
- a2** Are you an EU national? ☐ **Yes** ☐ **No**
- a3** Are you the child of a Swiss national? ☐ **Yes** ☐ **No** if 'No' go to a5
- a4** Will your Swiss national parent be living in the UK on the first day of the academic year? ☐ **Yes** ☐ **No** if 'Yes' go to b2

Residence status

- a5** Are you or your:
- husband, wife, civil partner; or
 - parent(s), step-parent; or
 - child, son or daughter-in-law, child's civil partner
- a European Economic Area (EEA) national or Swiss national who is working, has worked or is looking for work in the UK? ☐ **Yes** ☐ **No** if 'No' go to a6
- 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?

☐ **Yes** ☐ **No**

If 'Yes', please give details.

go to b2

- a6** Do you have 'settled status' in the UK? ☐ **Yes** ☐ **No** if 'No' go to a7

If 'Yes', give the date you received this status

Day Month Year

go to b2

- a7** Have you or your:
- husband, wife, civil partner; or
 - parent(s), step-parent
- been granted 'refugee status' by the UK Government? ☐ **Yes** ☐ **No** if 'No' go to a8

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

Home Office reference number

Date this status is due to expire

Day Month Year

go to b2

a8

Have you or your:

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

been granted 'leave to enter or remain' in the UK as a result of a failed asylum application? ☐ e ☐ n

☐ Yes ☐ No if 'No' go to a9

If 'Yes', and if applicable, give the following:
Home Office reference number

Day

Month

Year

go to b2

Date this status is due to expire

a9

Have you or your:

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

been granted 'leave to enter or remain' as a Stateless Person? ☐ e ☐ n

☐ Yes ☐ No if 'No' go to a10

If 'Yes', and if applicable, give the following:
Home Office reference number

Day

Month

Year

go to b2

Date this status is due to expire

a10

Have you been granted 'leave to enter or remain' in the UK under section 67 of the Immigration Act 2016, or are you the dependant child of someone who has? ☐ e ☐ n

☐ Yes ☐ No

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

Home Office reference number

Day

Month

Year

go to b2

Date this status is due to expire



If you answered 'No' to all the questions in this section you are not eligible for student finance from Student Finance Northern Ireland.

Residence history

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

section
3
continued
residence

- b2** Give details of your residence for the three years before the start of the first academic year of your course. There shouldn't be any gaps in the dates you give us. ☐

Full address

Why were you there?

From Day Month Year

To Day Month Year

From Day Month Year

To Day Month Year

From Day Month Year

To Day Month Year

If you require further space to provide your answer, please give the details requested above on a separate piece of paper and enclose it with 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?

☐ Yes ☐ No

If 'Yes', please give details below.

Full address

why did they live there?

From Day Month Year

To Day Month Year

From Day Month Year

To Day Month Year

From Day Month Year

To Day Month Year

If you require further space to provide your answer, please give the details requested above on a separate piece of paper and enclose it with this form.

about your course and your university or college



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

University or college details

a University or college name and address

	Postcode

Course details

b Course name

If you are following a combined studies or modular course, please list all subjects being studied.

Qualification you expect to gain (for example BSc Physics)

Course start date

Month	Year
<input type="text"/>	<input type="text"/>

Course end date

Month	Year
<input type="text"/>	<input type="text"/>

Course length (years)

Year of course

<input type="checkbox"/> Foundation	<input type="checkbox"/> Third year
<input type="checkbox"/> First year	<input type="checkbox"/> Fourth year
<input type="checkbox"/> Second year	Other (give details)

If the course is franchised to another university/college, give the address of the other university or college

	Postcode

Please ask your university or college to complete this section. Full-time undergraduate students are not required to have this form completed by their university or college. We will contact you to confirm your attendance prior to the order of any support.

You must tell your university or college about your disability, mental health condition, or specific learning difficulty, please read section 5 notes for further instructions and then go to section 6. [n](#)

To be completed by the student's university or college. University or college staff should check the student's answers to section 4 before completing, signing and stamping this section.

SLC or UCAS university or college code

Part-time undergraduate students ☐ tick if applicable

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 2017** and plans to complete the course at an average rate of study of at least **50%** of that needed to complete the course, or an equivalent course, or
- The student started their course after **1 September 2017** 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; and
- The student's rate of study is % of the equivalent full-time course.

Study Rates - Example 1

The student is studying a part-time course over a four-year period, but would study for one year if he or she was on an equivalent full-time course. The rate of study is 25%.

Example 2

The student is studying a part-time course over a five-year period, but would study for three years if he or she was on an equivalent full-time course. The rate of study is 60%.

your university or college

Full-time undergraduate distance learning students ☐ tick if applicable

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 by distance learning methods.

Part-time postgraduate students ☐ tick if applicable

I confirm to the best of my knowledge and belief that it is possible for the student named in section 1, to complete the course in no more than three times the length of time required to complete the equivalent full-time course.

All postgraduate students ☐ tick if applicable

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 a 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 funds) to meet the extra course-related costs they have to pay because of their disability.

To find out how we'll use the information you provide go to

www.studentfinancenl.co.uk/privacynotice to read our Privacy Notice before signing this form.

Your full name (in BLOCK CAPITALS)

Your signature

Position

Your phone number (including area code)

Your email address

University or College stamp

Today's date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

6

your disability, mental health condition or specific learning difficulty

DSA information and evidence

- a** Please give full details and provide evidence of your disability, long-term health condition, mental health condition or specific learning difficulty. ^e

- b** On what date was your disability, mental health condition or specific learning difficulty last assessed? ⁿ ^{Day} ^{Month} ^{Year}

- c** Is this your first application for Disabled Students' Allowances (DSAs)? Yes ☐ No ☐

if 'Yes' go to section 7

If 'No', please provide the following details of each previous DSA funding application you have made.

Date of application

Funding authority applied to ^e

Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

your disability, mental health condition or specific learning difficulty

If you cannot provide evidence of each previous DSA funding application you have made, please provide full details of the funding you received in the box below.

We may contact the relevant funding authorities for further information.

7

your consent

Consent to DSA arrangements

Please tick the boxes below if you consent to the following DSA arrangements. 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 in writing.

- ☐ I agree that Student Finance*ni* 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*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.

8

your bank or building society account details

UK 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.

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

Before signing and returning your completed form, you should read the Privacy Notice in the accompanying notes. 

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 academic year 2019/20. If you don't apply for these in academic year 2019/20 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 had may be withdrawn and I could be prosecuted.
- I agree to give the Education Authority 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 obligated to repay this in full and I agree that such overpayment may be recovered by deduction from any future entitlement to financial support.
- 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 have read and understood the booklet '2019/20 Student Loans: A guide to terms and conditions'.
- b I acknowledge and agree that any loan(s) made to me by the Department for the Economy, 'the lender' (which includes any person exercising functions on behalf of the Department for the Economy, together with any successor(s) thereto (the lender) pursuant to Article 4 (3) of the Education (Student Support) (Northern Ireland) Order 1998 (as amended) and/or successor legislation, ('the Order')) will be on the terms set out in the Loan Request Form including these declarations and in Regulations which are made under Article 3 of the Order.
- 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 the Order (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 form (or, if my address is outside the United Kingdom, the law of Northern Ireland).
- i I irrevocably agree that the courts of the part of the United Kingdom in which my home address stated in this 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.
- l 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 Education (Student Support) (NI) Order 1998 and the Regulations made under that Order, as amended from time to time or successor legislation and/or Regulations.

- n I understand that the Student Loans Company 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.

Disabled Students' Allowances (DSAs)

- I understand that any equipment I receive through DSAs must be used for my course of study and the Education Authority is not responsible for paying any repair costs.

Childcare Grant

- I understand that if I do not take up my childcare, or if I change to a childcare provider who is not registered or approved, I will have to pay back any overpayment.
- I understand that if I do not provide the evidence of childcare costs within the timescales set, I might lose my entitlement. Also if my payments to my childcare provider are different from the estimates I provide, I understand that further payment will increase or decrease accordingly, or if no further Childcare Grant payments are due to be paid to me, I may be liable to repay any difference.
- 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 the Education Authority immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support. I understand that the Education Authority reserves the right to share my personal data with HM Revenue & Customs (HMRC) to check whether I am in receipt of childcare support from HMRC.


Customer Reference Number

Your full name
(in BLOCK CAPITALS)

Your signature Today's Day Month Year

Checklist

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

- ☐ Signed and dated the declaration.
- ☐ Enclosed all the evidence items (for example passport, birth/adoption certificate, declaration of identity) as requested in the DSA1 notes.
Any original evidence will be returned to you as soon as possible. 
- ☐ Enclosed supporting evidence of your disability as requested in the DSA1 notes.
- ☐ Ensured that your university or college has completed section 5, if applicable.

If you are an **Open University student** you will need to post your DSA form to the Open University Belfast office at the address below for them to complete section 5:

Disability Project Officer
110 Victoria Street
Belfast
BT1 3GN

You should post your ID documents directly to the SFNI Office at the address below. Please ensure to attach a note to indicate that you are applying for DSA and your form has been forwarded to the Open University who will send it to SFNI on your behalf once they have completed the relevant sections.

Please also give details of your home address to enable SFNI to return your original documents.

Student Finance NI
DSA Office
Ballee Centre
Ballee Road West
Ballymena
BT42 2HS



Remember to pay the correct postage.

You must return your completed form to the Education Authority (EA) address which can be found using the EA finder available online at **www.studentfinancenir.co.uk**

To find out what happens next, please see page 2 of the DSA1 notes.

Additional notes

If you are providing extra information below please clearly mark what section and question the information is about.

Additional notes

If you are providing extra information below please clearly mark what section and question the information is about.