



2020/21

DSA1

Application for Disabled Students' Allowances (DSAs)

We welcome applications in Welsh. This won't lead to a delay in our response.

Your forename(s)

Your surname

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

Instructions

- To obtain this form in an alternative format such as Braille, large print or audio please email: **brailleandlargefonts@slc.co.uk** or call **0141 243 3686**.
- **Answer all the questions.** If you leave any question blank we will not be able to process your application. If a question does not apply to you, please enter 'None' or 'N/A' as the answer.
- Please refer to the DSA1 notes each time you see this icon.
- Whenever you see the evidence icon, you must provide evidence to support your application. Information about the evidence required can be found in the DSA1 notes and will also be marked with this icon.
- Sign and date the Terms and Conditions.
- Return your form to: Student Finance Wales
PO Box 211
Llandudno Junction
LL30 9FU
- If you have any questions call the Student Finance Wales Contact Centre on **0300 200 4050**.

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

www.studentfinancewales.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.



Section 1 - personal details

a Personal details

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Forename(s)

Surname

If you have a double-barrelled surname please ensure you put both parts of your surname with a hyphen in between, if applicable.

Any other names you may be known by

Sex ☐ Male ☐ Female

Date of birth

Please complete these questions with the details exactly as stated on your birth certificate or passport.

Place of birth (town/village)

Nationality

Identity evidence details

b1 Do you hold a UK passport?

☐ Yes
☐ No

If 'No' go to b3

b2 Provide the following details from your **UK passport**, which must be **currently valid and not expired** (this is the easiest way for you to verify your identity and means you **do not need to send us your passport**).
If your passport is not valid or has expired, go to b3

Passport number

Forename(s)

Surname

Date of issue

Date of expiry

<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"/>

b3 Send your **non-UK passport** or **Biometric Residence Permit**;
or

Send your original **UK birth or adoption certificate** and a completed Birth/Adoption Certificate form. ☐ ☐

Section 1 - personal details

Continued

Previous loans

- c** Have you ever had any other loans from the Student Loans Company (SLC)? ☐ Yes ☐ No **if 'No' go to d**
- If 'Yes', are you behind with the repayments? ☐ Yes ☐ No

Contact details

- d** 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 your term-time address

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"/>

What language would you like us to use on the letters we send you?

- ☐ English
☐ Welsh

- d1** Did you move to Wales wholly or mainly for the purpose of receiving Higher Education? ☐ Yes ☐ No

Armed Forces

- e1** Are you a member of the Armed Forces serving outside Wales? ☐ Yes ☐ No ☐ e ☐ n

- e2** Are you a family member of someone in the Armed Forces serving outside Wales? ☐ Yes ☐ No ☐ e ☐ n
(for example: spouse or child)

Section 2 - other financial support

Bursaries and awards

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


- a Department of Health or NHS bursary (excluding the social work bursary paid by the Care Council for Wales); or
- a Scottish Government Health Directorate Bursary (Scottish Healthcare Allowance); or
- a healthcare bursary from the Department of Health, for Northern Ireland?

☐ Yes ☐ No

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

- a Department of Health, NHS, Scottish Government Health Directorate (Scottish Healthcare Allowance) or other healthcare bursary; or
- a Research Council bursary; or
- a Care Council for Wales bursary for students studying an approved postgraduate social work course; or
- a bursary from your college or university that includes extra support because of your disability, long-term health condition, mental health condition, specific learning difficulty or autism spectrum disorder (do not count any payment you get from your university or college hardship fund)?

☐ Yes ☐ No

 If you have answered 'Yes' to either of the above questions, you will **not** qualify for DSAs from Student Finance Wales. **Please 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 because of a disability, long-term health condition, mental health condition, specific learning difficulty or autism spectrum disorder.

Section 3 - residence

Nationality	
a1	Are you a UK national? <input type="checkbox"/> e <input type="checkbox"/> n <input type="checkbox"/> Yes <input type="checkbox"/> No if 'Yes' go to b1
a2	Are you an EU national? <input type="checkbox"/> e <input type="checkbox"/> Yes <input type="checkbox"/> No
a3	Are you the child of a Swiss national? <input type="checkbox"/> e <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> e <input type="checkbox"/> n <input type="checkbox"/> Yes <input type="checkbox"/> No if 'Yes' go to b2
Residence status	
a5	Are you or your: <ul style="list-style-type: none"> • husband, wife, civil partner; or • parent(s), a step-parent; or • child, son or daughter-in-law or 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give details below of where you undertook pre-university education. <input type="checkbox"/> e <input type="checkbox"/> n if 'No' go to a6	
<div style="border: 1px solid black; height: 30px;"></div>	
If you are currently working, are you going to continue working during your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please give details. <input type="checkbox"/> e <input type="checkbox"/> n	
<div style="border: 1px solid black; height: 30px;"></div>	
go to b2	
a6	Do you have 'settled status' in the UK? <input type="checkbox"/> e <input type="checkbox"/> n <input type="checkbox"/> Yes <input type="checkbox"/> No if 'No' go to a7
If 'Yes', give the date you received this status	
<div style="display: flex; justify-content: space-between;"> <div>Day <input type="text"/> <input type="text"/></div> <div>Month <input type="text"/> <input type="text"/></div> <div>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div> go to b2	
a7	Have you or your: <ul style="list-style-type: none"> • husband, wife, civil partner; or • parent(s) or a step-parent been granted 'refugee status' by the UK Government? <input type="checkbox"/> e <input type="checkbox"/> n <input type="checkbox"/> Yes <input type="checkbox"/> No if 'No' go to a8
If 'Yes', and if applicable, give the following:	
Home Office reference number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date this status is due to expire	
<div style="display: flex; justify-content: space-between;"> <div>Day <input type="text"/> <input type="text"/></div> <div>Month <input type="text"/> <input type="text"/></div> <div>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div> go to b2	

Section 3 - residence

Continued

a8 Have you or your:

- husband/wife/civil partner
- parent(s)/step-parent

been granted:

- 'Leave to enter or remain' in the UK as a result of a failed asylum application;
- or**
- Discretionary Leave where no application for asylum has been made;
- or**
- 'Leave to enter or remain' in the UK on the grounds of family or private life;
- or**
- 'Leave to enter or remain' in the UK following a failed application for 'Leave to enter or remain' on the grounds of family or private life on the grounds of Article 8 of the European Convention on Human Rights (ECHR);
- or**
- Humanitarian Protection? ☐ e ☐ n

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

Date this status is due to expire

☐ Yes ☐ No

Day Month Year

if 'No' go to a9

go to b2

a9 Have you or your:

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

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

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

Date this status is due to expire

☐ Yes ☐ No

Day Month Year

if 'No' go to a10

go to b2

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

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

Date this status is due to expire

☐ Yes ☐ No

Day Month Year

go to b2

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

Section 3 - residence

Continued

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

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

Full address

Why were you there?

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 2017 has:

- either of your parents, step-parents, guardians; or
- your husband, wife or 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

From

To

Why did they live there?

Day Month Year

Day Month Year

Section 4 - 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 (e.g. BSc Physics)

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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)

<input type="text"/>

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)

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Are you a direct entrant?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 4 - about your course and your university or college

Continued

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

Postcode

Section 5 - 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, long-term health condition, mental health condition, specific learning difficulty or autism spectrum disorder, then 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.

SLC or UCAS university or college code

Part-time undergraduate students

☐ **Student's course start date is on or after 1 September 2014**

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 plans to study at a rate of **at least 25%** in this academic year; and
- The student's rate of study is % of the equivalent full-time course.

☐ **Student started their course before 1 September 2014**

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 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, on a full-time basis; and
- The student's rate of study is % of the equivalent full-time course.

Example

The student is studying a part-time course over a six year period but would study for three years if he or she was on an equivalent full-time course. The rate of study is 50%.

Section 5 - your university or college

Continued

☐ **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 by distance learning methods.

Part-time postgraduate students

☐ **Student started their course before 1st September 2014**

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 which will not take more than twice as long to complete as an equivalent full-time course.

☐ **Student started their course on or after 1st September 2014**

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 which will take no more than four times as long to complete as an equivalent full-time course.

☐ **All 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 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 fund) to meet the extra course-related costs they have to pay because of their disability.

Your full name (in BLOCK CAPITALS)

Your signature

Position

Your phone number (including area code)


Your email address


University or college stamp

Date

Section 6 - DSAs information and evidence

Your disability, mental health condition, long-term health condition, specific learning difficulty or autism spectrum disorder

 You are defined as having a disability under the Equality Act 2010 if you have a physical or mental impairment which has a substantial and long-term adverse affect on your ability to carry out normal day-to-day activities.

- a** Please give full details of the nature of your disability, long-term health condition, mental health condition, specific learning difficulty or autism spectrum disorder. If you need extra space use the additional notes page at the back of this form. 

- b** 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 DSAs funding application you have made.

Date of application

Funding authority applied to 

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"/>

If you cannot provide evidence of each previous DSAs 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.

Section 7 - your consent

Your consent to DSAs arrangements

! Please tick the boxes below if you consent to the following DSAs 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.

- ☐ I agree that Student Finance Wales, the disability adviser at my university or college, 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 Wales equipment suppliers and non-medical help suppliers 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 Wales can directly pay the needs assessment centre and suppliers of equipment and support.

Section 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. 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)

Terms and Conditions

These terms and conditions (“terms”) and applicable legislation apply to all of the student finance available to students for the academic year 2020/21.

I understand that I must read the specific terms about the student finance products available because they will affect me if I apply for them at any time in this academic year.

I understand that my application for student finance may be delayed unless I sign and date these terms.

Loan Contract

1. I confirm I have read and understood these terms and A Guide to Terms and Conditions available at **www.studentfinancewales.co.uk/terms-and-conditions**.
2. 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 that I may not receive student finance, any support I have had may be withdrawn and I could be prosecuted.
3. I understand that student finance is provided to me by the Welsh Ministers (the “Lender”) which includes any persons acting on their behalf and any replacement(s) under section 23(4) of the Teaching and Higher Education Act 1998 as amended or replaced from time to time (the “Act”).
4. I understand these terms, the Act and the regulations made under section 22 of the Act will apply to any student finance provided to me by the Lender.
5. I understand that “student finance” in these terms means financial support by way of grant(s) and/or loan(s) made by the Lender under the regulations.
6. I understand that the Student Loans Company Limited (“SLC”) carries out certain functions on behalf of the Lender.

My Obligations

7. I understand that if I have:
 - (i) reached the age of 18 years; and
 - (ii) have entered into agreement(s) for a loan under section 22 of the Act before I reached the age of 18 years,

I am agreeing to “ratify” any and all such student loans by signing these terms. This means that I confirm I entered into agreement(s) with the Lender and agree to the terms of any such previous agreement(s). If I have reached the age of 18 and refuse to “ratify” any previous agreement(s), I understand that I will not be eligible to get any further student finance under the regulations.

8. I agree to give SLC any information they need in support of this application for student finance and/or to seek repayment.
9. I agree to tell SLC immediately if my circumstances change in any way that might affect my entitlement to student finance. I understand that if I do not do this I may not get any further payments and I may have to repay the student finance



I have already received. I agree that from the date I submit my student finance application until my loan(s), together with all and any interest, penalties and charges which apply, is fully repaid I must tell SLC about any changes in my personal details (including my National Insurance number) and contact details I have provided.

10. I agree that if I get an overpayment of student finance, I need to repay this in full and that any overpayment may be taken from any future entitlement to student finance.
11. I agree that I will repay the Lender any loan(s), together with all and any interest, penalties and charges which apply. I understand that this repayment will be due by me to the Lender as a debt. If I breach any of the terms of my loan, I agree to pay any charges and penalties which apply under the Act and the regulations. I understand that I will repay my loan(s) through the United Kingdom ("UK") tax system and/or I may repay SLC directly. If I live abroad, I will repay my loan(s) to SLC directly.
12. I agree that any loan(s) made to me in accordance with the regulations once my application is accepted by the Lender is a/are contract(s) between me and the Lender. I understand that I am liable for my loan(s) and will be charged interest from the first payment of the loan advance by the Lender.
13. I agree to tell SLC if I leave the UK to live outside the UK or if for any other reason I am outside the UK tax system for more than three months.

Legal Action and Applicable Law

14. In the event of any legal action, I agree that the laws of England and Wales will apply and that the courts of that part of the UK will hear any legal action. If my address is outside the UK the laws of the part of the UK where my education provider is situated will apply and the courts of that part of the UK will hear any legal action. I agree that the Lender has the right to take legal action against me in any other court with jurisdiction.

Sharing Information

15. If I am in breach of these terms and/or the regulations I agree that the Lender may share information held about me and my account with third parties, including the government or a government agency of another country, who may help to locate me and/or help take action to recover any payments I owe.
16. I confirm where I have provided any personal information about any other person in my student finance application, I have done so with their consent.
17. I understand that SLC will process my personal data in line with the Privacy Notice available at www.studentfinancewales.co.uk/privacy-notice which may be updated from time to time.

Disabled Students' Allowances ("DSAs")

This section applies if I apply for DSAs this academic year.

18. I understand that any equipment I receive through DSAs must be used for my course of study and that I am responsible for paying any repair costs.
19. I understand that if I consent to SLC sourcing my equipment and support, SLC can pay the suppliers of any approved equipment and support directly.
20. I understand that with my consent, SLC can make payment to the needs assessment centre on my behalf.

21. I understand that with my consent, SLC can make a direct payment on my behalf to third parties providing any other approved service or support to me.
22. If I do not agree to SLC paying the suppliers of equipment, support or other services on my behalf, I understand that I will be responsible for meeting the costs of any approved equipment, support or other services out of my DSAs allowance. SLC reserves the right to request evidence of receipt of equipment, support or other services in relation to my DSAs.

Childcare Grant (“CCG”)

This section applies if I apply for CCG this academic year.

23. I understand that if I do not provide the evidence of childcare costs within the timescales set, I may lose my entitlement. If my childcare costs are different from the estimates I have provided, further payments of my CCG may increase or decrease accordingly. If no further CCG payments are due to be paid to me, I may be liable to repay any difference.
24. 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.
25. I confirm that neither I nor my husband, wife, civil partner or cohabiting partner have chosen to receive support for childcare from:
- (i) the childcare element of Working Tax Credit;
 - (ii) the childcare element of Universal Credit;
 - (iii) Tax-Free Childcare; and/or
 - (iv) the NHS Bursary 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 may share my personal data with HMRC to check whether I get childcare support.

Customer Reference Number

Your full name
(in BLOCK CAPITALS)

Your signature (in ink) Today's date

Checklist

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

- ☐ Signed and dated the Terms and Conditions.
- ☐ Enclosed all the evidence items as requested in the DSA1 notes. Any original evidence you send will be returned to you as soon as possible.
- ☐ If applicable, your university or college has completed section 5.



Remember to pay the correct postage.

Once your form is fully complete and the Terms and Conditions have been signed and dated, you should return it to:

**Student Finance Wales
PO Box 211
Llandudno Junction
LL30 9FU**

Additional notes

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

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