



DSA1

Application for Disabled Students' Allowances (DSAs) 2009/10



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

Your forename(s):

Your surname:

If you have applied for student finance before, please provide your ART ID or Customer Reference Number:

Instructions

- To obtain this form in an alternative format such as Braille, large print or audio please call the Student Finance Wales Contact Centre on **0845 602 8845** or by textphone on **0845 603 1693**.
- Complete this form in black ink and use BLOCK CAPITALS.
- **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 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.
- Sign and date the declaration.
- Return this form to your Local Authority (LA) at the address shown either on the back of this form, or on the contact list available online at www.studentfinancewales.co.uk.
- If you have any questions or problems, please call the Student Finance Wales Contact Centre on **0845 602 8845**.



Please remember to pay the correct postage.

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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):



Nationality:

Previous loans

b 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

c Did you receive a loan from the SLC when you were under 18?

Yes No

If 'Yes', have you signed credit agreements for all of them?

Yes No

Contact details

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



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

other financial support

Bursaries and awards

If you are an **undergraduate student** will you be eligible, in the academic year 2009/10, for:


- a Department of Health or NHS bursary (excluding the social work bursary paid by the Care Council for Wales); or
- a healthcare bursary from the Student Awards Agency for Scotland; or
- a healthcare bursary from the Department of Health for Northern Ireland?

Yes No

If you are a **postgraduate student** will you receive, in the academic year 2009/10:

- a Department of Health, NHS 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, mental health condition or specific learning difficulty (do not count any payment you get from your university's or college's Financial Contingency 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, mental health condition or specific learning difficulty.

b3 Did you move to Wales wholly or mainly for the purpose of receiving education? Yes No if 'Yes' please contact your LA for advice

b4 Give the date you moved to your current home address in Wales. DAY MONTH YEAR

b5 At any time since 1 September 2006 has:

- either of your parents, step-parents, guardians; or
- your husband, wife, civil partner; or
- your parent's or step-parent's 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 <small>DAY MONTH YEAR</small>	To <small>DAY MONTH YEAR</small>	Why did they live there?

about your course and your college or university



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

University/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)

Course start date

MONTH YEAR

Course end date

MONTH YEAR

Course length (years)

Year of course

Foundation Third year
 First year Fourth year
 Second year Other (give details)

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continued

about your course and your college or university

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

Postcode

if you are a full-time undergraduate who does not study by distance learning go to **Section 6**

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, 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 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 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.

Study Rates – Example 1

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%.

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%.

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 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.

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 Financial Contingency Fund) to meet the extra course-related costs they have to pay because of their disability.

Your full name (in BLOCK CAPITALS):

Your signature:

University or college stamp

Position:


Your phone number (including area code):


Your email address:

Date:

your disability, mental health condition or specific learning difficulty

DSA information and evidence

a Please give full details of the nature of your disability, mental health condition or specific learning difficulty. 

b On what date was your disability, mental health condition or specific learning difficulty last assessed?  DAY MONTH YEAR

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 

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continued

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.

your consent

Your consent to DSA arrangements

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

- I understand that Student Finance Wales, the disability adviser at my university or college, and my DSA 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 can give my address and phone number to the suppliers of any equipment I need so that delivery can be arranged.
- I understand that Student Finance Wales can pay the suppliers of equipment and support directly.

your bank or building society
account details

UK bank/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

Your application for Disabled Students' Allowances may be delayed unless you sign and date this declaration.

Before signing and returning your completed form, you should read the Data Protection Statement on the DSA1 notes that accompany this form.

- I confirm that, to the best of my knowledge and belief, the information I have given on this form is true and complete and I understand that if I have given my Local Authority (LA) false information, or have not given them complete information, I might be refused financial support, or I may be prosecuted and my financial support withdrawn.
- I agree to give my LA any additional information they require to enable them 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 tell my LA about any change in my circumstances which may affect my entitlement, I may not be eligible to receive any outstanding instalments or payments that they have told me about, and that I may have to repay all or part of the financial support or return any equipment I have already received in the year through a DSA.
- I understand that any equipment I receive through a DSA must only be used for my course of study and that my LA is not responsible for paying any repair costs.

Bursary and scholarship data sharing consent will not affect your entitlement to any other financial support available. If you started your course in academic year 2006/07 or after and you are not a postgraduate student, you may be eligible for a non-repayable bursary or scholarship. In order for your 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. Most universities and colleges will not pay bursaries and scholarships if you do not give consent. 

If you **do not** wish your details to be shared for this purpose, please tick this box.

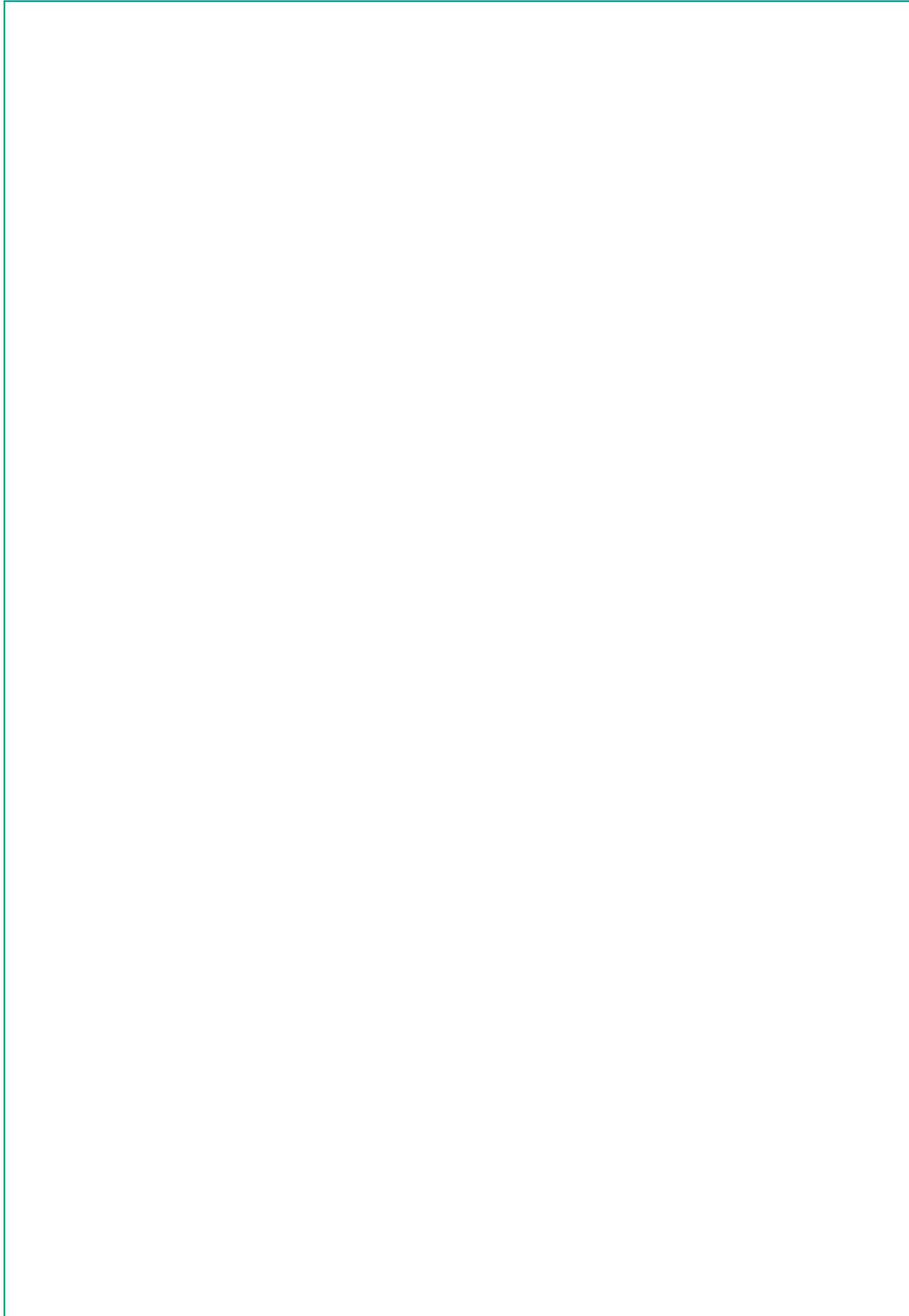
Your full name (in BLOCK CAPITALS):

Your signature:

X


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"/>



Checklist

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

- Signed and dated the declaration.
- 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.



Please remember to pay the correct postage fee.

You must return your completed form to the address shown either below or on the contact list available online at www.studentfinancewales.co.uk. To find out what happens next, please see page 2 of the DSA1 notes.