

**2019/20**

**DSA**  
(Slim version)

Disabled Student's Allowances  
Application Form (DSAs)

Cais am Lwfansau i  
Fyfyrwyr Anabl (DSAs)

English Form - **Pages 1-12**  
Ffurflen Saesneg - **Tudalennau 1-12**

Welsh Form - **Pages 13-24**  
Ffurflen Gymraeg - **Tudalennau 13-24**



# What do I need to do to get Disabled Students' Allowances (DSAs)?

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

## Step 1

Complete and return this DSA application form with evidence of your disability, long-term health condition, mental health condition, specific learning difficulty or autism spectrum disorder.



## Step 2

We will assess your application and send you a letter to let you know if you are eligible to receive DSAs.



## Step 3

We will ask you to attend a Needs Assessment to identify any specialist equipment and other support that you may need for your course.



## Step 4

You attend your Needs Assessment and receive a report which identifies any specialist equipment and other support you may need.



## Step 5

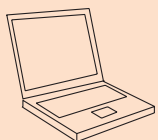
We will send you a letter to tell you whether any specialist equipment and other support that has been recommended in your Needs Assessment Report can be paid for from DSAs. We will then order any equipment and arrange other support for you or, provide you with instructions so you can do so yourself.



You may receive some or all of the below DSAs.



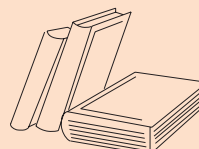
Delivery of specialist equipment



Non-medical helpers allowance



General allowance



Extra travel costs



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

Visit our website at: [www.studentfinancewales.co.uk](http://www.studentfinancewales.co.uk)

### Braille, large print or audio forms and guides

You can order forms and guides in Braille, large print or audio by emailing with your name, address, customer reference number along with what form and format you require to:

- [brailleandlargefonts@slc.co.uk](mailto:brailleandlargefonts@slc.co.uk)

or you can telephone us on


- **0141 243 3686**

Please note, the above email address and telephone number can only deal with requests for alternative formats of forms and guides.

### How can I contact you?

- Visit our website at [www.studentfinancewales.co.uk](http://www.studentfinancewales.co.uk)
- Contact the Student Finance Wales Contact Centre on **0300 200 4050** or by textphone on **0300 100 1693**.

### Instructions

- Whenever you see this icon you must provide evidence to support your application. 

section

# 1

## personal details

Customer Reference Number

Forename(s)

Surname

Sex **Male**  **Female**

Date of birth **Day**   **Month**   **Year**

section

# 2


## other financial support

### Bursaries and awards

In academic year 2019/20 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 (Northern Ireland)?

**Yes**  **No**

 If 'Yes', 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.

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

## DSA information and evidence



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 and provide evidence of your disability, long-term health condition, mental health condition, specific learning difficulty or autism spectrum disorder.

### **Disability, long-term health condition or mental health condition**

For each disability or health condition you have, send us a written statement or letter from a doctor or appropriate qualified medical professional which confirms the long term effects your disability or health condition has on your ability to carry out day-to-day activities including education.

### **Specific learning difficulty (such as dyslexia)**

For each specific learning difficulty (SpLD) you have, send us a diagnostic report written in accordance with the 2005 SpLD Working Group Guidelines from one of the following:

- A practitioner psychologist
- A suitably qualified specialist teacher holding a SpLD Assessment Practicing Certificate

### **Autism spectrum disorder**

Send us one of the following:

- A Statement of Special Educational Needs (SEN) from a Local Authority
- An Educational Health Care Plan
- A written statement or letter from a doctor or appropriate qualified medical professional which confirms the long term effects your disorder has on your ability to carry out day to day activities including education

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

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

**b** Is this your first application for Disabled Students' Allowances (DSAs)?

Yes  No

if 'Yes' go to section 4

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

Date of application

Funding authority applied to <sup>e</sup>

Day      Month      Year  
  /   /

/   /

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<sup>e</sup> You must provide evidence showing the result of each previous DSA funding application and any DSA Needs Assessment Report you received from the funding authority.

If you cannot provide the evidence requested, 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 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 suppliers of equipment and support.

your bank or building society account

**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

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

Alternatively, you can request a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow, G2 7JD or by calling the Student Finance Wales Contact Centre.

- I confirm that to the best of my knowledge and belief, the information I have given on this form is true and complete. If it is not, I understand that I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted.
- I understand that the terms which apply in relation to this application for DSA are also contained within the main declaration which I have signed.

**Your full name (in BLOCK CAPITALS)**

**Your signature**

**Today's date**

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




## Additional notes

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

## Checklist

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

- Signed and dated the declaration.
- Enclosed all the evidence requested to support your application. 

Any original evidence you send will be returned to you as soon as possible.



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

Once your form is fully complete and the declaration has been signed and dated, you should return it to the address on the covering letter sent with the form.