

Disabled Students' Allowance (DSA) Disability Evidence Form

About this form

To get DSA you need to provide more information about your impairment. You and a medical professional who is familiar with your impairment must complete this form.

Don't complete this form if you have a specific learning difficulty. You need to send us a diagnostic report from a suitably qualified Psychologist or Specialist Teacher instead.

What you need to do

- Complete your details in section **1**.
- Ask the medical professional to complete section **2** and **3**, and read, sign and date the declaration in section **4**.

Section 1 Personal details

1.1 Student's personal details

Customer Reference Number
<input type="text"/>
Title
<input type="text"/>
Forename(s)
<input type="text"/>
Surname
<input type="text"/>
Date of birth
Day Month Year
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

Now pass this form to a medical professional to complete.

Section 2 Medical professional details

To support the student's DSA application we need you to give us information about the nature of the student's impairment. Complete section 2 and 3, sign the declaration, then pass the form back to the student.

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.

2.1 Your details

Full name

Job title

Certificate or registration number
(GMC, HPC, NMC)

2.2 Practice or organisation details

Where possible use your practice or organisation's stamp.

Type of practice or organisation

- GP Practice
- Primary Care Team
- Secondary Care Team
- Hospital
- Other (give details below)

Name of practice or organisation

Address

Postcode

Contact number

Section 3 About the student's disability

3.1 What is your professional involvement with the student?

You only need to give details if this isn't apparent from your job title.

Using your professional opinion, complete the following questions about the student.

3.2 Does the student have a disability?

- No
 Yes

3.3 Does the student have a physical, sensory or mental impairment which has a substantial* and long term adverse effect on their ability to carry out normal day-to-day activities (including education)?

To be considered long term, the effect of the impairment must have lasted or be likely to last at least 12 months or for the rest of the student's life.

*more than minor or trivial.

- No
 Yes – give details

3.4 Diagnosis / working diagnosis (including any relevant dates)

If it's not possible to give either, explain why

Date of diagnosis

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

Section 4 Medical professional declaration

Sign and date below to confirm that to the best of your knowledge the information you've provided is true and complete.

Your signature

X

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"/>
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Please pass the form back to the student.