

**2022/23**

**DSA1**

## Application for Disabled Students' Allowance (DSA)



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

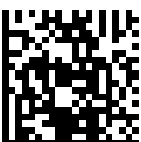
- To obtain this form in an alternative format such as Braille, large print or audio please email: [brailleandlargefonts@slc.co.uk](mailto:brailleandlargefonts@slc.co.uk) or call **0141 243 3686**.
- **Answer all the questions.** If you leave any question blank we will not be able to process your application. 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](http://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 <sup>Day</sup> <sup>Month</sup> <sup>Year</sup>

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

 /  / 

b3 Send your **non-UK passport** or **Biometric Residence Permit**;  
or  
Send your original **UK birth or adoption certificate**.

# Section 1 - personal details

Continued

## Previous loans

**c** Have you ever had any other loans from the Student Loans Company Limited (SLC)?  Yes  No **if 'No' go to d**

If 'Yes', are you behind with the repayments?  Yes  No

If you are behind with repayments on a previous loan, you should not apply for student finance until you have resolved this issue.

## Contact details

**d** Please give your home address, if your contact address is different provide it here.

### Home address

Postcode

### Contact address

Postcode

Home phone number

Mobile phone number

Email address

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 **If 'Yes' please contact Student Finance Wales**

## Armed Forces

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

**e2** Are you a family member of someone in the Armed Forces serving outside Wales?  Yes  No

(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 Social Care 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 Social Care Wales bursary for students studying an approved postgraduate social work course and you started your course **before** academic year 2022/23; 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 DSA 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

Continued

a5

Are you the child of a Swiss national?

**n**  **e**

**No**

if 'No' go to a6

**Yes** – were you resident in the UK, Gibraltar, EEA or Switzerland for three years prior to the first day of the first academic year of your course?

**No**

if 'No' go to a6

**Yes** – provide your:

Expiry date of pre-settled status

Day Month Year

Share code

If your **parent or step-parent** has settled or pre-settled status under the EU Settlement Scheme, provide their:

Date of birth

Day Month Year

Expiry date for pre-settled status

Day Month Year

Share code

now go to b2

a6

Are you or your:

- husband, wife, civil partner; or
- parent(s), step-parent; or
- child, step-child
- other direct ascending or descending line family member

an EEA or Swiss national who is working, or has worked or is looking for work in the UK?

**n**  **e**

**No**

if 'No' go to a7

**Yes** – I have been working or looking for work in the UK.

**Yes** – my family member has been working or looking for work in the UK. My family member is my:

husband/wife/civil partner

parent(s)/step-parent

child/step-child


other direct ascending or descending line family member - only applicable to EEA worker family members.

# Section 3 - residence

Continued

a6

**continued**

Have you been resident in the UK, Gibraltar, the EEA or Switzerland for the three years prior to the first day of the first academic year of your course? 

**No**

if 'No' go to a7

**Yes** – provide details of your/your family member's employment. You should also provide details of your previous study.

If you/your family member are currently working, will you/your family member continue to work during your studies?

**No**

if 'No' go to a7

**Yes** – provide details:

Provide **your**:

Expiry date of pre-settled status

Day      Month      Year  
       

Share code

now go to b2

Provide **your family member's**:

Date of birth

Day      Month      Year  
       

Expiry date if pre-settled status

Day      Month      Year  
       

Share code

now go to b2

## Section 3 - residence

Continued

a7

Are you the child of a Turkish Worker who is working in the UK?  n  e

**No**

if 'No' go to a8

**Yes** – has your Turkish worker parent/step-parent been granted extended Leave to Remain in the UK after 31 December 2020 by the Home Office?

**No**

if 'No' go to a8

**Yes** – were you and your Turkish worker parent/step-parent living in the UK by 31 December 2020?

**No**

if 'No' go to a8

**Yes**

now go to b2

a8

Have you or your family member been granted leave under the Afghan Relocations and Assistance Policy (ARAP) or the Afghan Citizens Resettlement Scheme (ACRS)?  n  e

**No**

if 'No' go to a9

**Yes**

I have been granted leave under the ARAP or ACRS.

I have been granted leave in line with my family member. My family member is my:

husband/wife/civil partner

parent or step-parent

Provide your:

Home Office reference number

Date latest status granted

Day Month Year

Date this status is due to expire (if applicable)

Day Month Year

Have you lived outside the UK and Islands since your latest status was granted?

**No**

if 'No' go to section 4

**Yes**

if 'Yes' go to b3



## Section 3 - residence

Continued

a9

Do you have settled status in the UK, that was not granted under the EU Settlement Scheme?  n  e

No

if 'No' go to a10

Yes – provide your:

Home Office reference number

Date latest status granted

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"/>

now go to b1

a10

Have you or your:  
• husband, wife, civil partner; or  
• parent(s), step-parent  
been granted refugee status by the UK government?  n  e

No

if 'No' go to a11

Yes – provide your:

Home Office reference number

Date latest status granted

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"/>

Date this status is due to expire

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"/>

Have you lived outside the UK and Islands since your latest status was granted?

No

go to section 4

Yes

if 'Yes' go to b3

## Section 3 - residence

Continued

**a11** Have you or your:

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

been granted 'leave to remain' as a Stateless Person?  **n**  **e**

**No**

if 'No' go to a12

**Yes** – provide your:

Home Office reference number

Date status granted

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"/>

Date this status is due to expire

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"/>

Have you lived outside the UK and Islands since your latest status was granted?

**No**

go to section 4

**Yes**

if 'Yes' go to b3

**a12** Have you or your:

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

been given:

- '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
- Discretionary Leave as a result of a failed asylum application; or
- Discretionary Leave where no application for asylum has been made?  **n**  **e**

**No**

if 'No' go to a13

**Yes** – provide your:

Home Office reference number

Date latest status granted

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"/>

Date this status is due to expire

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"/>

now go to b3

## Section 3 - residence

Continued

a13

Have you or your:

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

been granted Humanitarian

Protection?  n  e

**No**

if 'No' go to a14

**Yes** – provide your:

Home Office reference number

Date latest status granted

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"/>

Date this status is due to expire

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"/>

now go to b3

Have you lived outside the UK and Islands since your latest status was granted?

**No**

go to section 4

**Yes**

if 'Yes' go to b3

a14

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

**No**

if 'No' go to a15

**Yes** – provide your:

Home Office reference number

Date status granted

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"/>

Date this status is due to expire

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"/>

Have you lived outside the UK and Islands since your latest status was granted?

**No**

go to section 4

**Yes**

if 'Yes' go to b3

## Section 3 - residence

Continued

a15

Have you been granted 'Calais leave' in the UK, or are you the dependent child of someone who has?  **n**  **e**

**No**

if 'No' go to a16

**Yes** – provide your:

Home Office reference number

Date latest status granted

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"/>

Date this status is due to expire

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"/>

Have you lived outside the UK and Islands since your latest status was granted?

**No**

go to section 4

**Yes**

if 'Yes' go to b3

a16

Have you been granted 'leave to remain' in the UK as a victim of domestic violence or abuse, or are you the dependent child of someone who has?  **n**  **e**

**No**

if 'No' go to a17

**Yes** – provide your:

Home Office reference number

Date status granted

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"/>

Date this status is due to expire

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"/>

now go to b3

a17

Have you been granted 'leave to remain' as a person who has been a bereaved partner, or are you the dependent child of someone who has?  **n**  **e**

**No**

if 'No' see below

**Yes** – provide your:

Home Office reference number

Date status granted

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"/>

Date this status is due to expire

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"/>

now go to b3



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

**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?  No  Yes

now go to b2

**b2** Give details of your residence for the three years before the start of the first academic year of your course. For example: if your course starts in September 2022, we need to know where you lived between 01/09/2019 and 01/09/2022. If your course starts in March 2023, we need to know where you lived between 01/01/2020 to 01/01/2023.

There should be no gaps in the dates you give us.

Full Address

From

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"/>

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"/>

Why were you there?

Full Address

From

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"/>

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"/>

Why were you there?

Full Address

From

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"/>

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"/>

Why were you there?

Full Address

From

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"/>

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"/>


Why were you there?

now go to b4

# Section 3 - residence

Continued

b3

Give details of your residency from the date you received your last status from the Home Office to the first day of the first academic year of your course. There should be no gaps in the dates you give us. 

Full Address

From

Day      Month      Year  
       

To

Day      Month      Year  
       

Why were you there?

Full Address

From

Day      Month      Year  
       

To

Day      Month      Year  
       

Why were you there?

Full Address

From

Day      Month      Year  
       

To

Day      Month      Year  
       

Why were you there?

Full Address

From

Day      Month      Year  
       

To

Day      Month      Year  
       

Why were you there?

now go to b4

# Section 3 - residence

Continued

b4

At any time since 1 September 2019 has:  **No**

if 'No' go to section 4

• either of your parents, step-parents,  **Yes**

if 'Yes' give details below

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 UK, Gibraltar, the EEA or Switzerland?

Full Address

Full Address

From

Day Month Year

From

Day Month Year

To

Day Month Year

To

Day Month Year

Why were they there?

Why were they there?

Full Address

Full Address

From

Day Month Year

From

Day Month Year

To

Day Month Year

To

Day Month Year

Why were they there?

Why were they there?

## 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

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

### Course details

**b** Course name

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

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

Qualification you expect to gain (e.g. BSc Physics)

Course start date 

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

Course end date 

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

<input type="text"/>
----------------------

Are you a direct entrant?   Yes  No



## 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 - DSA 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 effect 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' Allowance (DSA)?  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 

Day                      Month                      Year  
□ □ / □ □ / □ □ □ □

□ □ / □ □ / □ □ □ □

□ □ / □ □ / □ □ □ □

□ □ / □ □ / □ □ □ □

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.

## Section 7 - your consent

### Your 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.

- I agree that Student Finance Wales, the disability adviser at my university or college, and my DSA Needs Assessor may exchange information about my application for DSA 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 DSA 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 2022/23.

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](http://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](http://www.studentfinancewales.co.uk/privacy-notice) which may be updated from time to time.

### **Disabled Students’ Allowance (“DSA”)**

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

18. I understand that any equipment I receive through DSA 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 DSA allowance. SLC reserves the right to request evidence of receipt of equipment, support or other services in relation to my DSA.

### 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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