



Disabled Students' Allowances
2010/11
Application Form



This form is also available on our website at
www.direct.gov.uk/studentfinance



Instructions

- To obtain this form in an alternative format such as Braille, large print or audio please call us on **0845 300 50 90** or by textphone on **0845 604 4434**.
- Please refer to the 'Disabled Students' Allowances 2010/11 Notes to help complete the application form' each time you see this icon. 
- Whenever you see this evidence icon  you must provide evidence to support your application. Information about the evidence required can be found in the evidence tables in the notes and will also be marked with this icon.

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

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Personal details

a Title

Mr Mrs Miss Ms

Forename(s)

Surname

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 (the name of the town or village)

Nationality

Identity evidence details

b Do you hold a UK Passport?

Yes No

You must provide us with evidence of your identity. You can do so in **one** of the following ways:

(1) Provide the following details from your **UK Passport** (this is the easiest way for you to verify your identity):

Passport number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forename(s)

Surname

Date of issue

/ /

Date of expiry **n**

/ /

(2) Send your **Non-UK Passport**. **e**

(3) Send your original **Birth or Adoption Certificate** and a completed Birth/Adoption Certificate form. **e**

Previous loans

c Have you ever had any other loans from the Student Loans Company (SLC)?

Yes No

If 'No' go to e

If 'Yes', are you behind with the repayments? **n**

Yes No

d Did you receive a loan from the Student Loans Company when you were under 18?

Yes No

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

Yes No

Contact details

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

Home address	Term-time address n
<input type="text"/>	<input type="text"/>
Postcode: <input type="text"/>	Postcode: <input type="text"/>
Home phone number: <input type="text"/>	Date on which you will move to this address: <input type="text"/> / <input type="text"/> / <input type="text"/>
Mobile phone number: <input type="text"/>	
Email address: <input type="text"/>	

Bursaries and awards

If you are an **undergraduate student** will you be eligible, in the academic year 2010/11, for:

- a Department of Health or NHS bursary (excluding the social work bursary paid by the NHS Business Services Authority); 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** will you receive, in the academic year 2010/11:

- a Department of Health, NHS, Scottish Government Health Directorate (Scottish Healthcare Allowance) or other healthcare bursary; or
- a Research Council bursary; or
- an NHS Business Services Authority 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 Access to Learning Fund)?

Yes No

! If you have answered 'Yes' to either of the above questions, you will **not** qualify for DSAs from Student Finance England. **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.

Nationality

a1 Are you a UK national? **ne**

Yes No

If 'Yes' go to **b1**

a2 Are you an EU national? **e**

Yes No

a3 Are you the child of a Swiss national? **e**

Yes No

If 'Yes' go to **b2**

Residence status

a4 Are you or your:

- husband, wife or civil partner; or
- parent(s), step-parent; or
- child, son or daughter-in-law or child's civil partner; or
- parent's or step-parent's husband, wife or civil partner

a European Economic Area (EEA) national or Swiss national who is working, has worked or is looking for work in the UK?

Yes No
If 'No' go to **a5**

If 'Yes', please give details. **ne**

If you are currently working, are you going to continue working during your studies?

Yes No

If 'Yes', please give details. **e**

go to **b2**

a5 Do you have 'settled status' in the UK?

Yes No

If 'No' go to **a6**

If 'Yes', give the date you received this status. **ne**

/ /

go to **b2**

a6 Have you or your:

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

been granted 'refugee status' by the UK Government? **n e**

If 'Yes', and if applicable, please give the following:

Home Office reference number

Date this status is due to expire

Yes No

If 'No' go to a7

/ /

go to b2

a7 Have you or your:

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

been given 'leave to enter or remain' in the UK as a result of a failed asylum application? **n e**

If 'Yes', and if applicable, please give the following:

Home Office reference number

Date this status is due to expire

Yes No

If 'No' go to b2

/ /

go to b2

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

If 'No' go to b3

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

Full address:
From: <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: <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: <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: <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?

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 2007 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?

If 'Yes', please give details.

<input type="checkbox"/> Yes <input type="checkbox"/> No
Full address:
From: <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: <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?

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.

Postcode:

Postcode:

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

Course start date

Course end date

Course length (years)

Year of course

 /
 /
 n
 Foundation year

 Third year

 First year

 Fourth year

 Second year

Other (give details)

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

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

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, 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/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 they were 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 they were 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.

DSAs information and evidence

a Please give full details and provide evidence of your disability, mental health condition or specific learning difficulty. **e**

b On what date was your disability, mental health condition or specific learning difficulty last assessed? **n**

/ /

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 DSAs funding application you have made.

Date of application	Funding authority applied to e
<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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<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.



Consent to DSAs arrangements

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

- I agree that Student Finance England, 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 England can give my address and phone number to the suppliers of any equipment I need so that delivery can be arranged.
- I agree that Student Finance England can pay the suppliers of equipment and support directly.

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.

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)

Student Declaration

Before signing and returning your completed form, you should read the Data Protection Statement in the accompanying notes. 

This declaration covers all of the student finance available to students for academic year 2010/11.

You should read the specific terms and conditions about loans, Childcare Grant and Disabled Students' Allowances because they will affect you if you apply for them at any time in academic year 2010/11. If you don't apply for these in academic year 2010/11 their specific terms and conditions will not affect you.

Your application for financial support may be delayed unless you sign and date this declaration.

General Declaration

- 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 I might be refused financial support, or prosecuted and my financial support withdrawn.
- I agree to give SLC (or my LA where appropriate) any information they require 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 do this, I may not receive any further payments, and may have to repay the financial support I have already received.
- I agree that in the event of receiving an overpayment of financial support, I am obligated to repay this in full.
- I understand that if I have provided details of my UK Passport on this form, SLC will verify those details with the Identity and Passport Service.

Loan Contract

- a I have read and understood the booklet 'Student loans: A Guide to terms and conditions'.
- b I acknowledge and agree that any loan(s) made to me by the Secretary of State for Business, Innovation and Skills, 'the lender' (which includes any persons exercising functions on behalf of the Secretary of State pursuant to section 23(4) of the Teaching and Higher Education Act 1998 as amended from time to time or successor legislation, 'the Act') will be on the terms set out in the Loan Request Form including these declarations and in Regulations which are made under section 22 of the Act as amended from time to time.
- c I undertake to repay the lender any loan(s) made to me, together with all and any interest, penalties and charges which apply.
- d I agree that any loan(s) made to me as a consequence of the acceptance of my application by the lender is a/are contract(s) between me and the lender which binds me from the payment to me of the first loan advance and that the repayment of any such loan(s), together with all and any interest, penalties and charges which apply, will be due by me to the lender as a debt.



- e I agree that I shall be obliged to make repayment of my loan(s), together with all and any interest, penalties and charges which apply, to such address as shall be notified to me in writing and that any services in respect of my loan(s) may be provided at such address or other address(es) as the lender may from time to time determine and that the service of providing the loan is provided at the lender's principal address.
- f I agree that any action for repayment and/or in respect of or in connection with my loan(s) and/or all and any interest, penalties and charges which apply, will be brought before the ordinary civil courts and shall be governed by the general rules of civil procedure.
- g I agree that my request for a loan, the loan and the contract between me and the lender shall be governed by the law of the place of my home address as stated in this application form (or, if my address is outside the United Kingdom, English law).
- h I irrevocably agree that the courts of the part of the United Kingdom in which my home address stated in this application form is situated (or the English, Scottish and Northern Ireland courts where my address is outside the United Kingdom) shall have non-exclusive jurisdiction to hear any action or proceedings arising out of or in connection with the loan and the contract between me and the lender and I irrevocably submit to the jurisdiction of those courts and waive any objection to the jurisdiction of those courts, provided that this shall not limit the lender's rights to take proceedings against me in any other court of competent jurisdiction.
- i I agree that from the date I submit this form until the date when my loan(s), together with all and any interest, penalties and charges which apply, is fully repaid I will notify the lender of any changes in the personal details (including National Insurance Number) and contact details I have provided as required in accordance with the regulations referred to in paragraph b.
- j In the event that I leave the United Kingdom to reside outside the United Kingdom or that for any other reason I am outside the UK tax system, I undertake to inform the lender in accordance with the regulations referred to in paragraph b and I undertake to provide the lender with my new and any subsequent contact details until my loan, together with all and any interest, penalties and charges which apply, is fully repaid.
- k I agree to take all future action requested by the lender and provide the lender with all information required to ensure repayment, in accordance with the regulations referred to in paragraph b.
- l If I breach any of the terms under which any loan(s) will be made I agree that I will be obliged to pay any charges and penalties which may apply under the Teaching and Higher Education Act 1998 and the regulations made under that Act, as amended from time to time or successor legislation and/or regulations.
- m I understand that the Student Loans Company (SLC) will check my National Insurance Number and personal details with the Department for Work and Pensions (DWP). If I do not know my National Insurance Number, or if the number I provide cannot be authenticated, DWP will trace and give my number to the lender.
- n If I have broken the terms of this contract I agree that the lender may share information held about me and my account with any person, including the government or a government agency of another country, who may assist in establishing my whereabouts and/or in taking action to recover outstanding loan amounts.

Disabled Students' Allowances (DSAs)

- I understand that any equipment I receive through DSAs must be used for my course of study and SLC (or my LA where appropriate) is not responsible for paying any repair costs.

Childcare Grant

- 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.
- I understand that if I do not provide the evidence of childcare costs within the timescales set, I might lose my entitlement. Also if my payments to my childcare provider are different from the estimates I provide, I understand that further payment will increase or decrease accordingly, or if no further Childcare Grant payments are due to be paid to me, I may be liable to repay any difference.
- I confirm that neither I nor my husband, wife, civil partner or cohabiting partner have chosen to receive support for childcare from the childcare element of the Working Tax Credit and I agree to tell SLC (or my LA where appropriate) immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support.

Customer Reference Number	<input type="text"/>
Your full name (in BLOCK CAPITALS):	<input type="text"/>
Your signature:	Date:
<input checked="" type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>


Your decision about 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 you may be eligible for a 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. **n**

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

Additional Notes

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





Additional Notes

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



Checklist

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

- Signed and dated the declaration.
- Enclosed all the evidence items. Any original evidence will be returned to you as soon as possible. **e**
- If applicable, your university or college has completed Section 5.



Please remember to pay the correct postage.

You must return your completed form to the address on the list available online at **www.direct.gov.uk/studentfinance**.