

Disabled Students' Allowances (DSAs) Disability Evidence Form

About this form

To get DSAs a medical professional (for example, your GP) needs to provide information about your disability on 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.

Section 1 Personal details

- 1.1 Customer Reference Number
- 1.2 Personal details

| Title Mr Mrs Miss Ms Forename(s) |
|--|
| Surname |
| Date of birth DAY MONTH YEAR |



Now pass this form to the medical professional.

Once they have completed the form, make sure you return it to the address on page 4.

professional to complete, sign and date

You need to complete your details in

Then pass the form to the medical

What you need to do

section 1.

the declaration.

Section 2 Medical professional details

Sections 2, 3 and 4 should be completed by a medical professional

To support the student's DSAs application we need you to give us information about the nature of the student's disability. Complete the rest of the form, read, sign and date the declaration, then pass the form back to the student. As the student can't reclaim any charge made for completing this form via DSAs, we ask that it is provided free of charge.

Full name

Vour dataila

| 2.1 Your details | | |
|--|---|--|
| | 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 | |
| | | |

2.3 What is your professional involvement with the student?

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

Section 3 About the student's disability

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

3.1 Does the student have a physical, sensory or mental disability 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 disability 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.

3.2 Diagnosis / working diagnosis (including any relevant dates)

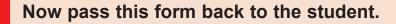
If it's not possible to give either, explain why.

| No |
|--------------------|
| Yes - give details |
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| |
| Date of diagnosis |
| DAY MONTH YEAR |
| |

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.

| Medical professional signature | Today's date |
|--------------------------------|--------------|
| X | |



Additional information Do you need help? If you have any questions about your application you can email us: DSA_team@slc.co.uk You should include your Customer Reference Number on any emails you send. Do you need this form in braille, Email us: large print or audio format? brailleandlargefonts@slc.co.uk or call 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. Before you send your form We recommend you keep a copy of this form for your own records. You may require it later for your needs assessment. Where to send your form Once the form is complete you can email it to: DSA team@slc.co.uk You can also send it by post to: **Student Finance England PO Box 210** Darlington DL1 9HJ Remember to pay the correct postage