

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.

What you need to do

You need to complete your details in section 1.

Then pass the form to the medical professional to complete, sign and date the declaration.

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

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.

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.

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.



Stamp here

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.

No

Yes - give details

3.2 Diagnosis / working diagnosis (including any relevant dates)

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

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

X

Today's date

DAY MONTH YEAR

/ /



Now pass this form back to the student.

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, large print or audio format?

Email us:

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