

# DSA1

You can also apply online at:  
[www.studentfinancewales.co.uk](http://www.studentfinancewales.co.uk)

## Application for Disabled Students' Allowances (DSAs) 2016/17



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 declaration.
- 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**.





## personal details

### Previous loans

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

Yes  No

if 'No' go to d

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

Yes  No

### Contact details

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

#### Home address


Postcode

Home phone number

Mobile phone number

Email address

#### Term-time address


Postcode

Date on which you will move to your term-time address

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"/>

**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

### 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 the Care Council for Wales); or
- a Scottish Government Health Directorate Bursary (Scottish Healthcare Allowance); or
- a healthcare bursary from the Department of Health, Social Services and Public Safety 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, Social Services and Public Safety, NHS, Scottish Government Health Directorate (Scottish Healthcare Allowance) or other healthcare bursary; or
- a Research Council bursary; or
- a Care Council for Wales bursary for students studying an approved post-graduate 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 or college hardship fund)?

Yes  No

 If you have answered 'Yes' to either of the above questions, you will **not** qualify for DSAs 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, mental health condition or specific learning difficulty.



**a8** Have you or your:  
 • husband, wife, civil partner; or  
 • parent(s) or a step-parent  
 been given 'leave to enter or remain' in the UK as a  
 result of a failed asylum application?  e  n

Yes  No  if 'No' go to b2

If 'Yes', and if applicable, give the  
 Home Office reference number

DAY MONTH YEAR

Date this status is due to expire

go to b2

**!** If you answered 'No' to all the questions in this section you are not eligible for student finance from Student Finance Wales.

**Residence history**

**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

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

Full address

Why were you there?

From DAY MONTH YEAR

To DAY MONTH YEAR

From DAY MONTH YEAR

To DAY MONTH YEAR

From DAY MONTH YEAR

To DAY MONTH YEAR

From DAY MONTH YEAR

To DAY MONTH YEAR

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.

# 3

continued residence

**b3** At any time since 1 September 2013 has:

- either of your parents, step-parents, guardians; or
- your 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? **Yes**  **No**

If 'Yes', please give details below.

Full address	From	To	Why did they live there?
	DAY MONTH YEAR	DAY MONTH YEAR	

## 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

Postcode

### Course details

**b** Course name

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

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

Course start date

	<b>MONTH</b>	<b>YEAR</b>
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Course end date

	<b>MONTH</b>	<b>YEAR</b>
	<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)



section

# 4

continued


## about your course and your university or college

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

Postcode

## 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, mental health condition or specific learning difficulty, then please read section 5 notes for further instructions and then go to section 6. 

**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**

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 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**

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.

**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%.

**Full-time undergraduate students, (who are not applying for other finance) and 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 post-graduate course which will not take more than twice as long to complete as an equivalent full-time course.

**All 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 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

## your disability, mental health condition or specific learning difficulty

### DSAs information and evidence

**!** 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 affect on your ability to carry out normal day-to-day activities.


**a** Please give full details of the nature of your disability, mental health condition or specific learning difficulty. If you need extra space use the additional notes page at the back of this form. 

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

**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 
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"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%; height: 20px;" 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.

section

# 7

## your consent

### Your consent to DSAs arrangements

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

- I understand that Student Finance Wales, 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 Wales equipment suppliers and non-medical help suppliers may exchange information about my application for DSAs where this is necessary to make sure I get the help I need.
- I understand that Student Finance Wales can pay the suppliers of equipment and support directly.

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)

# Declaration

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

This declaration applies in relation to all of the student finance available to students for academic year 2016/17.

Before signing and returning your completed form, you should read the specific terms and conditions concerning loans, Childcare Grant and Disabled Students' Allowances. If you apply for any of those types of finance at any time in academic year 2016/17, you will be bound by the related terms and conditions below.

If you don't apply for a loan, Childcare Grant or Disabled Students' Allowances in academic year 2016/17 the specific terms and conditions relating to that type of finance 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 may be refused financial support, any support I have had may be withdrawn and I could be prosecuted. Any information provided which is found to be materially inaccurate may be regarded as evidence of an attempt to mislead the Student Loans Company (SLC). In such circumstances, SLC may report the matter to the authorities and/or terminate your eligibility for student finance.
- I agree to provide any information as may reasonably be required for the processing of my application, and I agree to provide immediate notice of, and details in relation to, any change in my circumstances that might in any way affect my entitlement to financial support. I understand that if I do not do this, I may not receive any further payment, 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 and I agree that such overpayment may be recovered by deduction from any future entitlement to financial support.
- I understand that if I have provided details of my UK passport, SLC will verify those details with Her Majesty's Passport Office.

## Loan Contract

- a I confirm I have read and understood the terms and conditions guide available online at: [www.studentfinancewales.co.uk](http://www.studentfinancewales.co.uk)
- b I acknowledge and agree that any loan(s) made to me by the Welsh Ministers, 'the lender' (which includes any persons exercising functions on behalf of the Welsh Ministers 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 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 acknowledge and agree that in the event that I have: (i) reached the age of 18 years; and (ii) have entered into one or more agreements for a loan under section 22 of the Teaching and Higher Education Act 1998 (and relative secondary legislation) before I reached the age of 18 years, upon signing this declaration I am agreeing to ratify any and all such student loans. I understand that ratification of any agreement for a loan made with me before I reached the age of 18 years is a statutory precondition of my eligibility for student support after attaining the age of 18 years.
- e 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.
- f 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.
- g 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.
- h 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 form (or, if my address is outside the United Kingdom, English and Welsh law).
- i I irrevocably agree that the courts of the part of the United Kingdom in which my home address stated in this form is situated (or the English, Welsh, 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.
- j 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.
- k 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.
- l 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.
- m 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.

- n I understand that the Student Loans Company 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.
- o 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 I am responsible for paying any repair costs.
- I understand that if I do not provide details about any change in my circumstances which may effect my entitlement, I may have to return any equipment I have already received in the year through a DSA.

**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: (i) the Working Tax Credit; (ii) the Universal Credit; (iii) Tax-Free Childcare; and/or (iv) the NHS 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 reserves the right to share my personal data with HMRC to check whether I am in receipt of childcare support from HMRC.

Customer Reference Number

Your full name   
(in BLOCK CAPITALS)

Your signature (in ink)  X  Date


**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 and you are not a post-graduate student, you may be eligible for a non-repayable 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. Most universities and colleges will not pay bursaries and scholarships if you do not give consent.

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



## Checklist

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

- Signed and dated the declaration.
- 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 declaration has 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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