

## About this form

To get DSA 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, sections **2** and **3**, and read, sign and date the declaration in section **4**.

Once they have completed the form, see page 4 on how to return this.

You should keep a copy of this form for your own records. You may require it later for your needs assessment.

## Section 1 Personal details

### 1.1 Customer Reference Number

### 1.2 Personal details

Title

Mr Mrs Miss Ms

Forename(s)

Surname

Date of birth (DDMMYYYY)



**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 DSA 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 DSA, we ask that it is provided free of charge.

To find out how we'll use the information you provide go to [www.gov.uk/studentfinance](http://www.gov.uk/studentfinance) to read our Privacy Notice before completing this form.

### 2.1 Your details

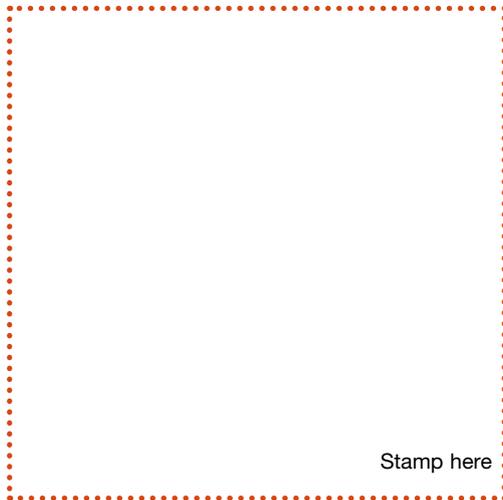
Full name

Job title

Certificate or registration number  
(GMC, HCPC, 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.

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 (DDMMYYYY)

<input type="text"/>							
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## 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 (DDMMYYYY)

<input type="text"/>							
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**Now pass this form back to the student.**

## Additional information

### 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.

### Sending your form and evidence

#### If you applied for DSA online

- 1 – Save this form and a copy of your evidence to your device
- 2 – Go to your online account  
**[www.gov.uk/student-finance-register-login](http://www.gov.uk/student-finance-register-login)**
- 3 – Click on the ‘manage your student finance’ section, then choose ‘upload supporting evidence’

#### If you can't upload your form or evidence online or you applied for DSA by paper

You can return a copy of these to the DSA team by email at  
**[dsa\\_medical\\_evidence@slc.co.uk](mailto:dsa_medical_evidence@slc.co.uk)**

Make sure these are included as attachments.

You can also send them by post to:

**Student Finance England  
PO Box 210  
Darlington  
DL1 9HJ**

Remember to pay the correct postage.

## Additional information

### Do you need help?

If you have any questions about your application you can email us:

**[dsa\\_team@slc.co.uk](mailto: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](mailto: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.