

Medical Declaration and Customer Declaration form

1. Medical Declaration – To be completed by a medical professional

By signing the declaration, you are confirming that in your professional opinion, the person named on this declaration has a physical, sensory, or medical disability which means they are permanently unfit to work.

As a qualified medical professional, you will be recognised as holding a professional doctor's registration by the General Medical Council.

Customer Reference Number

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Customer's name

Date of birth

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I confirm that in my professional opinion that due to the above-named person's disability, they are permanently unfit to work. Please add details of their disability in the box below:

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Qualified medical professional's signature

Today's date

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Qualified medical professional's stamp

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GMC Registration Number

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1. Medical Declaration – To be completed by a medical professional continued

Qualified medical professional's contact details

Name

Medical practice

Contact address

Contact telephone number

Email address - Required*

Please only provide a NHS or HSCNI email address. SLC will contact the Medical Professional by email to verify the authenticity of this medical declaration, without this we will be unable to cancel the borrower's loan(s).

2. Confirmation of receiving a disability related benefit - To be completed by the customer

Customer Reference Number

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Name

Date of birth

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I confirm that I am in receipt of the following disability related benefit:

Personal Independence
Payment (PIP)

Disability Living Allowance
(DLA)

Industrial Injuries Benefit

Severe Disablement Allowance

Adult Disability Payment
(Scotland only)

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We require evidence of the disability benefit you receive.

The benefit letter you provide should confirm you are currently in receipt of a disability related benefit.

3. Customer Declaration - To be completed by the customer

I confirm that due to my disability I am permanently unfit to work and that the information I have provided to SLC in support of the cancellation of my student loan(s) is true and accurate. I am in receipt of a disability related benefit for the condition outlined above, and that the documents provided are genuine.

Print Name

Date

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Signature

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