DSA Disabled Students' Allowance Disability Evidence Form

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About this form

You need to complete this form to continue your application for Disabled Students' Allowance (DSA).

If you're completing a digital copy of this form, download it and save it to your device before you start.

A medical professional (for example, your GP) must complete part of the form to give us information about your disability.

Your GP or medical professional might charge a fee to complete this form. Disabled Students' Allowance (DSA) does not cover the cost of completing this form.

Do not use this form if you have a specific learning difficulty (for example, dyslexia). Instead, you need to send us a diagnostic report from a qualified psychologist or specialist teacher.

What you need to do

1. Fill in your details at **Section 1**.
2. Give this form to your medical professional.
   - They will complete **sections 2 and 3**.
   - They will read, sign and date **section 4**.
3. When the form is complete, follow the instructions on **page 5** to return it.

Keep a copy of this form. You might need 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

We need you to give us information about the nature of the student's disability. Complete the rest of the form, then sign and date the declaration. Hand it back to the student.

Please complete this form free of charge, if possible. The student cannot claim this cost back.

Before you complete this form, check our Privacy Notice at **www.gov.uk/studentfinance** to find out how we'll use the information you give us.

2.1 Your details

Full name

Job title

Certificate or registration number (GMC, HCPC, NMC)

2.2 Practice or organisation details

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.

☐ **No - go to section 4**

☐ **Yes - go to 3.2**

3.2 Diagnosis or working diagnosis (including any relevant dates)

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

Date of diagnosis (DDMMYYYY)

☐☐☐☐☐☐☐☐ **go to 3.3**

3.3 Explain how the student's disability impacts their ability to carry out normal day-to-day activities (including education)

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

Section 3 About the student's disability

3.4 Does the student's disability have a substantial and long term adverse effect on their ability to use public transport?

☐ **No - go to section 4**

☐ **Yes - go to 3.5**

3.5 Explain how the student's disability impacts their ability to use public transport.

Give details on:

- how the student's disability affects their ability to walk, stand, or move
- any barriers to completing long or complex journeys
- any factors that make travel unsafe or impractical without support
- how long these impacts are expected to last

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.

You can sign the signature box with either a:

- typed or digital signature, including one pasted into the signature box
- handwritten signature in ink

Medical professional signature

Today's date (DDMMYYYY)

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

Applying for undergraduate funding

You can upload your form to your student finance account at: **www.gov.uk/student-finance-register-login**

If you cannot upload your form you can email it to **dsa_team@slc.co.uk** or send by post to:

Student Finance England
PO Box 210
Darlington
DL1 9HJ

Applying for postgraduate funding

You can email your form to **dsa_team@slc.co.uk** or send by post to:

Student Finance England
PO Box 210
Darlington
DL1 9HJ

Additional information

Do you need help?

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.