

## Disabled Students' Allowance (DSA) Disability Evidence Form

### About This Form

In order to claim Disabled Students' Allowance you must provide evidence of your disability on this form. You only need to complete this form if it is your first year of applying for DSA or you have a new diagnosis which will require further assessment.

**Don't** complete this form if you have a specific learning disability. You need to send us a diagnostic report from a suitably qualified psychologist, educational professional or specialised teacher instead.

### What you need to do

You need to complete your details in Section A. **Fill in the form in CAPITAL letters using black ink.** Then pass the form to the medical professional to complete sections B, C and D, making sure they sign and date the declaration. Once they have completed the form, make sure you sign the declaration in section E and give this to your disability advisor to submit this with your DSA application. If you require further help with form, please speak to your disability advisor.

### Data Protection

SAAS will use the information you have given us in this form for the purpose of processing this claim. Further information on how we collect, hold and process your information can be found at the end of this form in the SAAS basic privacy statement. The full SAAS privacy statement can be found at [http://www.saas.gov.uk/privacy\\_data\\_protection\\_index.htm](http://www.saas.gov.uk/privacy_data_protection_index.htm). We have a duty to appropriately manage public funds and we will use the information provided on this form for the prevention, detection, investigation and reporting of crime, including Fraud. We will share this information with other bodies for these purposes.

**Section A – Student details**

**You should complete this section**

Name  Date of Birth  /  /   
SAAS reference number

**Section B – Medical Professional's Details**

**The medical professional should complete this section**

Full Name

Certification or Registration Number

Name of practice or organisation

Address including postcode

Contact number

Practice or organisation's stamp

**Section C – About the student’s disability**

In your professional opinion, does the student have a physical, sensory or mental disability which has a substantial and long term impact on the student’s ability to study?

Yes  No

If Yes, please confirm diagnosis:

What is the impact on studies?

**Section D – Declaration from medical professional**

I certify that to the best of my knowledge the information provided above is true and correct in relation to the above named student.

Signature  Date   /   /

**Section E - Declaration from the student**

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- All the information I have given on this form is complete and accurate, to the best of my knowledge and belief.
- I will give SAAS any additional information or documents it may request to enable SAAS to exercise its functions.
- I understand that if I give SAAS false, incorrect or incomplete information or my conduct is otherwise unsatisfactory, SAAS may withdraw my funding and I may be prosecuted and SAAS would seek overpayment of any sums received to which I am not entitled.
- I will repay any amount which I have received, or had paid on my behalf, which is more than the award that was due to me.
- I understand that the information I have provided will be used for the prevention and detection of crime and I understand SAAS will share this information with other bodies for these purposes.

Signature  Date   /   /