

**Application form
for
Disabled Students' Allowance
for
postgraduate students**

Important

You must read the leaflet 'How to fill in your form' when you fill in this form. You will find the leaflet in your application pack. This is important because if you fail to answer any questions correctly, any support you are paid may be delayed.

Before you hand this form to your LEA, please see the checklist at the back of this form.



Department for
Education and Employment

Application for Disabled Students' Allowance (DSA) for postgraduate students

0748/1

This document is also available in Welsh/Maer ddogfen hon hefyd ar gael mewn Cymraeg

- Please fill in this form in black ink and CAPITALS. Do not type your details.
- If there are tick boxes, please tick those that apply.
- If you need more space, please use a separate sheet and attach it to this form.

Data Protection Act, 1998: The information you give on this form will be used for the purpose of processing your student support application. Your local education authority is under a duty to protect the public funds they handle and may use the information you have provided on this form to prevent and detect fraud. It may also share this information, for the same purposes, with other organisations which handle public funds.

Section A: Your details

1	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other ▶	<input type="text" value="Give details"/>
2	Are you: <input type="checkbox"/> Male? <input type="checkbox"/> Female?	
3	Surname or family name	4 First names
	<input type="text"/>	<input type="text"/>
5	Surname or family name at birth (Make sure you read the note on this question in the leaflet 'How to fill in your form' before you answer this question.)	6 Any other surname or family name by which you have been known
	<input type="text"/>	<input type="text"/>
7	First names at birth (Make sure you read the note on this question in the leaflet 'How to fill in your form' before you answer this question)	8 Any other first names by which you have been known
	<input type="text"/>	<input type="text"/>
9	Have you received a DSA before?	
	<input type="checkbox"/> Yes ▶ If 'Yes', please move to question 10.	
	<input type="checkbox"/> No ▶ If 'No', please move to question 11.	
10	Do you have a current needs assessment you wish to rely on?	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
11	Will you receive a bursary or award for the academic year 2000/2001 of your course from the National Health Service or Department of Health (or, if you are going to an institution in Northern Ireland, the Department of Health, Social Services and Public Safety), from a Research Council or other body, or from your institution?	
	<input type="checkbox"/> Yes ▶ If 'Yes', you may not qualify for Disabled Students' Allowance. Please move to question 12.	
	<input type="checkbox"/> No ▶ If 'No', please move to question 13.	

Section B: Where you were born and where you live (continued)

3 Did you live in the UK, the Isle of Man or the Channel Islands throughout the three-year period immediately before the first day of the first academic year of your course?

Yes ► *If 'Yes', move to question 5.*

No ► *If 'No', please list the countries you were living in and, for each, explain why you were living there. Then move to question 4.*

4 Have you, your husband, wife, parent or step-parent been granted 'refugee status' by the UK Government? *(Only answer this question if you have answered 'No' to question 3.)*

Yes

No

5 During any part of the three-year period mentioned in question 3 were you living in the UK, the Isle of Man or the Channel Islands mainly or totally for the purpose of receiving full-time education?

Yes

No

6 Are you, or is your husband, wife or parent, someone who has come to the UK *(to take up, or look for employment)* from another country in the European Economic Area (EEA)?

Yes ► *If 'Yes', please give us more details. Your local education authority may want more evidence about this.*

No ► *If 'No', please move to question 7.*

7 If you are not a UK national or a national of another EEA state, did you have 'settled status' in the UK on the first day of the first academic year of your course?

Yes

No

8 Have you, your husband, wife, parent or step-parent been given 'exceptional leave to enter or stay in the UK'?

Yes

No

Section C: Course details

1 What is the full title of your course?

Qualification *(for example, MA, PhD)*

Subject name *(for example, history)*

Section C: Course details (continued)

2 What is the name and address of the institution which is running your course?

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3 When did you begin your course?

MONTH	YEAR
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4 When do you expect to finish your course?

MONTH	YEAR
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5 What year of your course will you be studying in the academic year 2000/2001?

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6 Is your course: full-time? part-time?

Your university or college must fill this box in. Students should not write anything in this box. (University or college staff should check the student's answer to question 1 of Section A before signing and stamping this section.)

I certify that to the best of my knowledge and belief that:

- the student named in Section A is studying full-time; **or**
- the student named in Section A intends to complete the above named course in no more than twice the time it would take him/her to complete that course, or an equivalent course, on a full-time basis; **and**
- the above named course is designated for support under regulation 4 of the Education (Grants for Disabled Postgraduate Students) Regulations 2000.

Signature

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Name (CAPITALS please)

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Position

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Date

DAY	MONTH	YEAR
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University or college stamp:

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Section D: Declarations

Please read and sign this declaration. Your local education authority will not deal with your application if you do not sign and date the declarations.

Your declaration

- The information I have given on this form is complete and accurate to the best of my knowledge and belief.
- I have enclosed all the necessary documentary evidence.
- I will inform my local education authority immediately of any change in my circumstances at any time which might affect my entitlement to support.
- I understand that if I give my local education authority false information, or fail to give complete information, I may be prosecuted and my financial assistance may be withdrawn.
- I agree to supply any further information my local education authority may ask for.
- If financial assistance is provided to me or on my behalf, and is, for whatever reason, an amount which is more than I am entitled to, I will pay back to the Secretary of State any amount in excess of my entitlement.

Your signature

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Name (Please print)

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Date

DAY	MONTH	YEAR
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Checklist

Before you hand this form to your LEA, please check the following.

- Check that your university or college has signed and stamped page 4 of your form.

- Check that you have answered every relevant question in full in Sections A, B and C.

- Check that you have signed the declaration in Section D.