



Disabled Students' Allowance (DSA) Disability Evidence Form

About this form

To get DSA you need to provide more information about your impairment. You and a medical professional who is familiar with your impairment must complete this form.

What you need to do

- Complete your details in section 1.
- Ask 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.

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.

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 Student's personal details

Customer Reference Number

4 6 9 4 5 6 8 6 0 0 8

Title

Mrs

Forename(s)

Afrouz

Surname

Ghaemi

Date of birth

Day Month Year
1 5 / 0 8 / 1 9 7 1

Now pass this form to a medical professional to complete.

Section 2 Medical professional details

To support the student's DSA application we need you to give us information about the nature of the student's impairment. Complete section 2 and 3, sign the declaration, then pass the form back to the student.

To find out how we'll use the information you provide go to www.studentfinancewales.co.uk/privacynotice to read our Privacy Notice before completing this form.

2.1 Your details

Full name

DR SIÂN DAFYDD

Job title

GP

Certificate or registration number
(GMC, HPC, NMC)

6156723

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

BIRCH GROVE SURGERY

Address

CNERPHILLY ROAD
CARLISLE

Postcode

CF14 4QJ

Contact number

02920 522 344

Section 3 About the student's disability

- 3.1 What is your professional involvement with the student?

You only need to give details if this isn't apparent from your job title.

GP.

Using your professional opinion, complete the following questions about the student.

- 3.2 Does the student have a disability?

☐ No
☒ Yes

- 3.3 Does the student have a physical, sensory or mental impairment 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 impairment 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

CHRONIC INFLAMMATORY
DEMYELINATING POLYNEUROPATHY
- TRANSVERSE MYELITIS
- LEG WEAKNESS
- USES WHEELCHAIR

- 3.4 Diagnosis / working diagnosis (including any relevant dates)

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

AS ABOVE.

Date of diagnosis

Day Month Year

~~13/09/2024~~ AUGUST 2016

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.

Your signature

X

Today's date

Day Month Year

13/09/2024

Please pass the form back to the student.

Section 4 Additional information

4.1 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.

4.2 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.studentfinancewales.co.uk
- 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
sfw_dsa_medical_evidence@slc.co.uk

Make sure these are included as attachments.

You can also send them by post to:

**Student Finance Wales
PO Box 211
Llandudno Junction
LL30 9FU**

Remember to pay the correct postage.

Section 4 Additional information

4.3 Do you need help?

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

sfw_dsa_team@slc.co.uk

You should include your Customer Reference Number on any emails you send.

4.4 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.