

# Student Awards Application Form

## For DISABLED STUDENTS ALLOWANCE 2024/2025

Please complete in BLOCK CAPITALS and in black ink.

### 1. Student details

Name and Address

Student's email\*\*

*\*\*This must be the student's personal email address, not a shared one. If the student does not possess a personal email address, please leave blank.*

Telephone

Date of Birth

National insurance No.

Independent status

Married/Co-habiting

### 2. Course details

University/College

Qualification (MA, MSc etc.)

Course title

Course commenced

Course year

### 3. Your Disability

Please give full details of the nature and extent of your disability below. You should also provide the documentation as requested in section 5 of the Guide to Disabled Support

### 4. Consent Agreement and Declaration

In order to process your application, the Department will require your agreement to the following:-

- The exchange of information about my DSA application between the Department, the Disability Adviser at the University/College and the DSA Assessor.
- The Department releasing my address, email and telephone number to the suppliers of any equipment I am awarded so that delivery can be arranged.
- The Department making payment direct to the suppliers of my equipment and support.
- The Department and/or its Agents to contact your GP, Consultant or Health Professional (to gain further information, if required)

Legal Basis	As the data subject you have consented to the processing of your personal data for one or more specific purpose
Shared with	DESC Student Awards Team and as required the Disability Adviser at the University/College, your GP, Consultant or Health Professional and our DSA provider
Retention period	Six years after completion of studies
Privacy notice	<a href="https://www.gov.im/about-the-government/departments/education-sport-and-culture/privacy-notice/#accordion">https://www.gov.im/about-the-government/departments/education-sport-and-culture/privacy-notice/#accordion</a>

**I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION GIVEN IN THIS FORM IS CORRECT AND COMPLETE.  
I CONFIRM THAT I HAVE READ THE GUIDE TO DISABLED STUDENT SUPPORT 24-25 AND UNDERSTAND THAT IN THE EVENT OF MY WITHDRAWAL FROM THE COURSE, THE DEPARTMENT MAY RECOVER ALL OR PART OF THE AWARD.**

Signature of Student

Print Name

Tax Reference  
Number

/ /

Date