

Access to DSA Equipment

APPLICATION FORM 2019/20

Only available to students with an approved Disabled Student Allowance from the Student Loan Company. The DSA request is available to students who are struggling to make the £200 towards the DSA equipment due to financial difficulties.

If the application is successful, we will get in contact with the supplier to make the contribution on your behalf.

When applying for the DSA request, relevant evidence will be requested to demonstrate how your financial difficulty is enabling you from making the £200 contribution for your equipment.

PERSONAL DETAILS

Student ID Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/>
First Name	<input type="text"/>
Surname	<input type="text"/>
Course Title	<input type="text"/>

Contact Details	
Address	<input type="text"/>
Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email Address	<input type="text"/>

PART 1: Written Statement

Please write a statement explaining why you are unable to make the contribution of £200 for the £200 DSA equipment.

PART 2: Dependants

Have you been living by yourself since the start of this academic year? Yes No

Do you have any children who are financially dependent on you? Yes No

If yes, please provide details.

Do you have any adults who are financially dependent on you? Yes No

If yes, please provide details.

PART 3: Your Income

Income for the current academic year (received and/or expected to receive)

Are you receiving the Maintenance Loan from Student Finance? Yes No

If yes, please state the amount. £

Are you receiving the Childcare Grant from Student Finance? Yes No

If yes, please state the amount. £

Any other funding from Student Finance? Yes No

If yes, please state the amount. £

Are you receiving another benefits/tax credits per month (incl. housing benefit, JSA etc.)?

Yes No

If yes, please state the amount. £

How much is your income from your job (earnings) per month? £

Partner/Parent income (if applicable) £

Other funding (e.g. bank loan, personal savings) £

PART 4: Your Expenses

Please state how much your Council Tax is? £

Rent £

Do you pay for childcare? Yes No If yes, please detail the cost per child.

Child 1 weekly cost

Please provide details of your child's weekly childcare cost.

£

Child 2 weekly cost

Please provide details of your child's weekly childcare cost.

£


General household expenses (estimated weekly expenses) £

Student declaration

- I confirm that I have provided true information
- I confirm I have read and understood the terms and conditions
- I consent to ARU London obtaining further information, if necessary, from third parties mentioned in my application for the purpose of assessing my eligibility to the DSA £200 contribution
- I accept that ARU London has absolute discretion on the outcome of my application and its decision is final

Your full name (in BLOCK CAPITALS)	
<input type="text"/>	
Your signature	Today's date
<input type="text" value="X"/>	DAY MONTH YEAR
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Before returning this form to the Finance Department, please ensure you have done the following:

- Answered all of the questions that are on this application form.
- Ensure the university has a copy of the Disabled Student Allowance Entitlement letter.
- Enclosed all of the documents we have requested as evidence to support your application. This icon has been placed next to certain question. 
- Signed and dated the application.

What happens next

Once your application has been assessed, you'll be informed of the outcome of your application within 5 working days by email.

For office use:

Approved / Not approved

Amount £

Signature:

Name: