Accessibility & Inclusion Service

University of Stirling

Stirling FK9 4LA

Scotland UK

**T :** +44 (0) 1786 466022

**E :** [ask@stir.ac.uk](mailto:ask@stir.ac.uk)

**W :** [www.student-support.stir.ac.uk](http://www.student-support.stir.ac.uk)

Dear GP

Disabled students must provide sufficient medical evidence of their disability or medical condition to funding bodies such as the Students Awards Agency for Scotland (SAAS) or Student Finance England (SFE), in order to secure funding for goods and services to access their studies.

Supported by the University of Stirling’s Accessibility & Inclusion Service, students make applications for an allowance called Disabled Students Allowance (DSA) which covers extra costs or expenses which may arise because of their disability or medical condition. This may comprise of assistive technology, equipment, specialist mentors, note taker, travel and so on.

To this end, please can you fill in the attached form 'Evidence of disability, health condition or mental health difficulty', answering each of the questions as far as possible? **Funding bodies have asked us to pass on that the most important section, apart from the diagnosis, is section “D”, how their disability has an impact on their studies.**

If a student is unable to use public transport, they can apply for funding to cover taxi costs. **For this they require their GP to confirm that public transport is not accessible for them specifically.**

Many thanks for your help with this. Should you wish to discuss this request, please contact the Accessibility & Inclusion Service on 01786 466022.

Yours Sincerely

Accessibility & Inclusion Team

University of Stirling

**Evidence of disability, health condition or mental health difficulty**

**Please answer all the questions**

**A Student Details**

Student number

Forename(s)

Surname

Date of birth

Address

**B** Does this person in your professional opinion have a health difficulty which has lasted, or is expected to last for a year or more, or is likely to recur?

|  |
| --- |
|  |

|  |
| --- |
|  |

Yes No

**C** Diagnosis/working diagnosis: (If it is not possible to give a diagnosis or working diagnosis, please explain why).

**D** Does the condition have an impact on the student’s study? (e.g., concentration, reading, writing, memory or motivational difficulties, anxiety, paranoia, vison or hearing etc.)

|  |
| --- |
|  |

|  |
| --- |
|  |

Yes No

Please give details:

**E** Your job title

**F** Please give details of the nature of your professional involvement with the student, if this is not apparent from your job title.

**G The type of organisation you work for:**

|  |
| --- |
|  |

GP Practice

|  |
| --- |
|  |

Primary Care Mental Health Team

(including IAPT services)

|  |
| --- |
|  |

Secondary Care Mental Health Team

(including EIP, Crisis Teams, Community Mental Health Teams etc)

|  |
| --- |
|  |

Hospital Based Mental Health Team

|  |
| --- |
|  |

Other

Please give details:

**H** Please give the name and contact details of the organisation that you work for, where possible please use your agency’s stamp, alternatively please include a covering note on headed paper.

**I** Your signature

Date

**Please return this form to:**

Accessibility and Inclusion Service

Student Services Hub

Campus Central

University of Stirling

Stirling

FK9 4LA

Tel: 01786 466022

Email: [ask@stir.ac.uk](mailto:ask@stir.ac.uk)

Web: [Student Services Hub | Student life | University of Stirling](https://www.stir.ac.uk/student-life/support-wellbeing/)