ANNUAL CLAIM FORM FOR DISABLED STUDENTS ALLOWANCE (DSA)

RESEARCH COUNCIL

To be completed by the Research Organisation

STUDENT'S FULL NAME	GRANT REF	ORGANISATION

Period supported by the RC: start/end date of studentship		**Academic Year for Claim**	

COSTS REQUESTED

Specialist Equipment Needs	Requested £	Comments
SUB TOTAL		

Non Medical Personal Support	Requested £	Comments
SUB TOTAL		

Miscellaneous	Requested £	Comments
Needs Assessment SUB TOTAL		

	Requested £
TOTAL FUNDS	

Details of DSO to be notified:
Name Address email

Submitted by:

Date:

Please complete form and submit as an attachment via Je-S Grant Maintenance, using Request Type 'Grant Generic Change Request'.

Please note that although one claim form should be completed for each student, they should be submitted as a single document.

Any queries relating to how to complete this form should be addressed directly to the Research Council from which the claim is being made, rather than the SSC. Contact details can be found in Annex 1 of the Framework document