student finance england

# Mental Health Evidence form

## Student details

**a** Customer Reference Number

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Forename(s)

Surname

Address

Date of Birth D D / M M / Y Y Y Y

**b** Does this person in your professional opinion have a mental health difficulty which may well last for a year or more?

☐ **Yes** ☐ **No**

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

**d** Main symptoms of the condition (especially those which may have an impact on study eg concentration, memory or motivational difficulties, anxiety or paranoia)

**e** Your Job Title:



SFE/DSAMENTALHEALTH/1213/A

**f** 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 specify)

**h** The name and contact details of the organisation you work for (where possible please use your agencies' stamp – alternatively please also include a covering note on headed paper)

Your signature

**X**

Date

D D / M M / Y Y Y Y

**Please return your form by post to:**
**Student Finance England**
**PO Box 210**
**Darlington**
**DL1 9HJ**
**Or by email to: dsa_team@slc.co.uk**