

Claim for reimbursement of costs through Disabled Students' Allowance (DSA) for the academic year 2026/27

Hawlio ad-daliad costau trwy Lwfans Myfyrwyr Anabl (DSA) ar gyfer blwyddyn academaidd 2026/27

Personal Details / Manylion Personol

Customer Reference Number / Cyfeirnod Cwsmer	Name / Eich Enw	University or College / Prifysgol neu Goleg
Date of Birth / Dyddiad Geni	Address / Eich Cyfeiriad	Course / Cwrs
	Postcode / Côd Post	

Complete this form to claim any costs you have had to pay in connection with your studies due to a reason relating to your disability, mental health condition or specific learning difficulty. For example:

- Travel costs.
- Books in Braille.
- Photocopying.
- Consumables (batteries, cartridges, paper).
- Additional costs of university or college accommodation.

Please note that this list is not exhaustive. If you require further information on what you are entitled to claim for, please call the Student Finance Wales Contact Centre on **0300 200 4050**.

Dylech lenwi'r ffurflen hon er mwyn hawlio unrhyw gostau y bu'n rhaid i chi eu talu mewn cysylltiad â'ch astudiaethau ac o ganlyniad i reswm sy'n ymwneud â'ch anabledd, eich cyflwr iechyd meddwl neu anhawster dysgu penodol. Er enghraifft:

- Costau teithio.
- Llyfrau Braille.
- Llun-gopiö.
- Defnyddiau traul (batris, cetris, papur).
- Costau ychwanegol llety prifysgol neu goleg.

Sylwer nad yw hon yn rhestr gyflawn. Os bydd angen gwybodaeth bellach arnoch am yr hyn y gallwch hawlio amdano, a fydddech gystal â ffonio Canolfan Gyswilt Cyllid Myfyrwyr Cymru ar **0300 200 4050**.



Please complete the table over the page with details of your costs.

To find out how we'll use the information you provide go to www.studentfinancewales.co.uk/privacy-notice to read our Privacy Notice before signing this form.

Declaration

If you cannot sign this form, it must be signed on your behalf by your attorney. The Power of Attorney letter must be sent with this form before a signature from that attorney will be accepted.

- I certify I have incurred the expenses shown on this form.
- I undertake to inform you of any change that occurs.

A fydddech gystal â llenwi'r tabl dros y dudalen gan nodi manylion eich costau.

I gael gwybod sut fyddwn ni'n defnyddio'r wybodaeth a roddwch, ewch i www.cyllidmyfyrwycymru.co.uk/hysbyseb-preifatrwydd i ddarllen ein Hysbysiad Preifatrwydd cyn llofnodi'r ffurflen hon.

Datganiad

Os na allwch lofnodi'r ffurflen hon, rhaid i'ch atwrnai ei llofnodi ar eich rhan. Rhaid anfon llythyr y Pŵer Atwrnai gyda'r ffurflen hon cyn y derbynnir llofnod gan y atwrnai hwnnw/honno.

- Tystiaf y bu'n rhaid i mi dalu'r costau a nodir yn y ffurflen hon.
- Byddaf yn eich hysbysu o unrhyw newid a fydd yn digwydd.

Your full name

(in BLOCK CAPITALS)

Eich enw llawn

(mewn PRIFLYTHRENNAU)

Signed

Llofnod

Date

Dyddiad

Claim for reimbursement of costs through DSA 2026/27

Hawlio ad-daliad costau trwy DSA 2026/27

Please attach receipts or invoices as evidence of your purchases.

Please do not include items which are invoiced directly to us.

If we become aware of fraudulent activity we will share the supplier details you give us with Cifas. You need to tell your suppliers that you've given us their details.

A fyddech gystal â chynnwys derbynebau neu anfonebau fel tystiolaeth o'r hyn a brynoch.

Ni ddylech gynnwys eitemau a fydd yn cael eu hanfonebu i ni yn uniongyrchol.

Os byddwn yn dod yn ymwybodol o weithgaredd twyllodrus, byddwn yn rhannu manylion y cyflenwr a roddwch i ni gyda Cifas.

Mae angen i chi ddweud wrth eich cyflenwyr eich bod wedi rhoi eu manylion i ni.

Details of your costs	Amount (£)	Name and address of supplier
e.g. photocopying	e.g. £1.00	e.g. Printstore, 10 High Street
Manylion gwariant	Swm (£)	Enw a chyfeiriad y cyflenwr
e.e. llungopïo	e.e. £1.00	e.e. Siop Brint, 10 Stryd Fawr

Total claimed

Cyfanswm yr hawliad £