



More information on the DSSG and how to apply
is available at: www.mygov.scot/dental-student-grant

Part A – Student Details

Name:

Date of Birth: National Insurance Number:

Email address:

Student ID Number:

Part B – Extenuating Circumstances

Tell us why you are applying for a repeat year of DSSG funding.
Continue on a separate sheet if necessary.

Give details of the evidence you're supplying to support your application.

Part C – Student Declaration

I confirm:

- the information I have provided is correct
- I am eligible to live and work in Scotland following graduation
- I will give you any further information you may ask for
- my details can be passed to the Scottish Government/NHS Education Scotland/SAAS to check I meet the grant requirements and that I complete my commitment after graduation
- I will work in the NHS in Scotland for one year for each year I receive a DSSG
- I will pay back the DSSG if I don't meet the grant requirements
- I understand that if I give false information I will have to pay back any grant money I was given.

Signature: Date:

Part D - Student Details

After reviewing the application and supporting evidence, the University recommends that the student named overleaf

is eligible

is not eligible

to receive an additional year of DSSG funding.

Please provide details of your recommendation below.

Signature:

Position:

Date:

Office Use Only

Application received:

Evidence Received:

Decision notified:

Passed to SG: