

## Medical Declaration (Reduction in Income) Form

### Important Information

Student Universal Support Ireland (SUSI) is committed to protecting the rights and privacy of individuals in accordance with the Data Protection Acts. SUSI publish a Privacy and Data Protection Statement on their website [Privacy Statement | SUSI](#)

### **The Information you provide:**

#### **Data Processing - What we use it for:**

The eligibility of an award of a grant, or the level of the grant awarded may be reviewed by the awarding authority under Article 32 of the Student Grant Scheme 2025 or Article 21 of the Student Part-Time Fee Scheme for Specified Undergraduate Courses 2025.

You have indicated to SUSI that there has been a reduction of income which is likely to obtain for the duration of the applicant's approved course or for foreseeable future.

The information provided on the attached form will enable SUSI to make a determination under Article 32 of the Student Grant Scheme 2025 or Article 21 of the Student Part-Time Fee Scheme for Specified Undergraduate Courses 2025.

#### **Data Retention - How long will we hold on to the information**

**provided:** The information provided will be held on file in line with SUSI's Data Retention Policy.

#### **Data Security - Who has access to this information?**

SUSI take appropriate security measures against unauthorised access to, or alteration, disclosure, or destruction of the data and against its accidental loss or destruction. SUSI undertake to ensure that the information provided will only be accessed by the minimum amount of personnel that is required to make a determination.

#### **Explicit Consent**

Data Protection Legislation requires explicit consent from the Data Subject in order to obtain and process sensitive personal data/special categories of data (for example, data concerning health). Please see Processing of Sensitive Personal Data/Special Categories of Data form below. This form must also be completed.

Should you wish to withdraw your consent please email [sar@susi.ie](mailto:sar@susi.ie) for the attention of the Compliance Officer and quoting the application number, your name and detailing that you wish to withdraw your consent.



Student Universal Support Ireland is processing a grant application at present on behalf of the applicant listed below. Any information provided by you to the applicant in respect of their grant application, will be processed and managed by SUSI in strictest confidence. Data Protection legislation requires explicit consent from the Data Subject (patient) in order to obtain and process special categories of data (for example, data relating to health). Please also complete the consent section below.

<b>Applicant's Name</b>	
<b>Patient's Name</b>	
<b>SUSI Application Number</b>	

<b>Applicant's Course Name</b>	
<b>Course Start Date</b>	
<b>Course End Date</b>	
<b>Full Duration of Course (In Years)</b>	

**To be filled out by your designated medical professional**

<b>Doctor's Name</b>		<b>Surgery Name &amp; Address</b>	
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Please confirm the date the patient listed above first contacted you in relation to their illness/symptoms?	
Based on the above dates of the applicant's course, in your medical opinion, can you confirm the patient's current medical circumstances are likely to last the duration of the course or for the foreseeable future?	Yes <input type="radio"/> No <input type="radio"/>

**Please do not submit any medical documentation with this form.**

**Declaration: I declare that the above information is true and accurate to the best of my knowledge.**

<b>Patient's Signature</b>	<b>Doctor's Signature</b>

**Surgery Stamp (if available)**

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### Confirmation of Reduction in Income

Student Universal Support Ireland is processing a grant application at present on behalf of the applicant listed below. Any information provided by you to the applicant in respect of their grant application, will be processed and managed by SUSI in strictest confidence.

<b>Applicant's Name</b>		<b>SUSI Application Number</b>	
<b>Employee's Name</b>		<b>Employee's PPS Number</b>	

### To be filled out by your employer

<b>Employer's Name</b>	
<b>Employer's Address</b>	

Please provide employee's gross earnings for <b>2024</b>	€
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Can you confirm the Employee listed above has had a reduction in Income?	Yes <input type="radio"/> No <input type="radio"/>
If yes, can you confirm the date this reduction occurred?	
Can you confirm the <b>current</b> annual salary for the employee listed above?	€

### Declaration

**I declare that the above information is true and accurate to the best of my knowledge.**

<b>Employee Signature</b>	<b>Employer Signature</b>
	<b>Company / Employer Stamp</b>



## **Processing of Sensitive Personal Data/Special Categories of Data**

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The information you are providing with this form relates to sensitive personal data/special categories of data as defined in the Data Protection Act 2018. In line with Article 9(2) of the GDPR, SUSI requires explicit consent from the data subject in order to obtain and process this information.

### **Consent**

I ..... consent to SUSI processing the sensitive personal data/special category of data submitted with this form for the purpose of the Awarding Authority making a determination under Article 32 of the Student Grant Scheme 2025 or Article 21 of the Student Part-Time Fee Scheme for Specified Undergraduate Courses 2025. I understand that I can withdraw my consent at any time.

**Signed:** ..... **Date:** .....