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| Eyesight test application form (DSE 1) | | |
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| To arrange for an eyesight test, please complete Part A of the form below. Then, email the form to your line manager to complete Part B authorisation. | | |
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| **Part A - Applicant details** | | |
| Name of the Computer User: | Click or tap here to enter text. | |
| Staff number: Click or tap here to enter text. | Phone number (work): Click or tap here to enter text. | |
| Directorate / School / Centre / Business Area: | Click or tap here to enter text. | |
| Staff Category: | Choose an item. | |
| Work address: Click here to enter the address of your place of work or study | | |
| Email address: Click here for your Queen's email address | | |
| **Part B - Authorisation – to be completed by the applicant’s line manager** | | |
| Line-Manager / Supervisor’s name: | Click or tap here to enter text. | |
| Email address: | Click or tap here to enter text. | |
| Line-Management Authorisation: | I confirm that the above-named employee uses display screen equipment as a significant part of their work. | |
| Signature of Line-Manager: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Please email the completed form to the University Safety Service at** [**safety@qub.ac.uk**](mailto:safety@qub.ac.uk)**. A copy of the eyesight test Scheme Rules and a letter of authorisation will be emailed directly to the applicant to take to the University’s nominated optician.** | | |
| **For University Safety Service use only** | | |
| Application reference number: | | Date DSE2 letter sent to applicant: |