



## Application for Funding for Eye Test For use of Visual Display Equipment

- 1.1 If an employee's eye sight requires the use of corrective lenses to best facilitate their work, the Union will make a contribution of up to £18.39 towards an eye test and a contribution of up to £50 towards the purchase of corrective spectacles.
- 1.2 Basic spectacles may be purchased for £50. Full itemised receipt(s) must be provided. Please note that Credit card receipts on their own cannot be accepted.
- 1.3 Line Managers are requested to encourage employees to take an eye test if they consider it to be prudent.
- 1.4 Please note that claims cannot be made retrospectively and Part A must be completed and approval sought beforehand.
- 1.5 To apply for funding you should:
  1. Complete Part A of the form below and ask your line manager to complete section B.
  2. Book your eye test and take this form with you, asking the optician to complete Section C.
  3. Sign and date Section D and return the form to the Finance & Resources Manager, with full itemised receipt(s) attached.

### Section A – to be completed by the Employee (please complete in BLOCK CAPITALS)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

#### Declaration

I have reason to believe that the quality of my work is being impaired by or is impairing my eye sight. I request that the Students' Union funds an eye test and if appropriate makes a contribution\* towards the cost of any corrective lenses required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B – to be completed by your line manager**

The above employee's work demands that they use a display screen/monitor. I would be grateful if you would examine their eye-sight and complete Section C of this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Line Manager)

**Section C – to be completed by the Registered Optician**

Does the employee's eye sight require the use of corrective lenses to best facilitate their work in the capacity mentioned in Section B of this form?

**YES / NO** Please delete as necessary in order for their claim to be correctly paid.\*

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Practice: \_\_\_\_\_

Company Stamp:

**Section 4 – to be completed by the Employee**

Please find attached itemised receipt(s) for payments I made for my eye-test and/or corrective lenses. I request that the University makes a contribution to this expense in line with the detailed rates.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please note that if your eye sight does not require the use of corrective lenses you will only be entitled to a contribution of up to £18.39 towards the test.