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| Application for eye examination and eyesight testHealth and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002 |
| Human Resources |
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| **Harlow Council understands that your privacy is important to you. The details you provide on this form will be kept private and confidential. However, some information will be shared with the Payments Department in order to process your claim.** |

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| **Part A: to be completed by the applicant**  |
| Employee name: |       |
| Service area and department: |       |
| Job title: |       |
| In the table below please provide detail of the various work related visual tasks undertaken in your job. |
| **Task** | **% of time spent on activity** |
| Reading:  |       |
| Display screen equipment (DSE) use: |       |
| Other: |       |
| Any special visual requirement: |       |

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| **Part B: to be completed by the manager**  |
| 1. I confirm the above employee is a display screen equipment user1 in accordance with the above regulations;2. The employee is:[ ]  a new user (or about to become one), or[ ]  due for a repeat eye examination and eye test in accordance [ ]  experiencing visual difficulties which may reasonable be considered to be related to the use of DSE at work. (please select box as appropriate)  |
| Manager name:  |  |
| Manager signature: |  |
| Date: |  |

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| **Part C: Procedure for eye examination and eyesight test** |
| 1. Following the completion of part B by your line manager, make an appointment at your chosen optician. 2. Take this form with you to your appointment and ask the optometrist to complete and sign part D. Return the completed form to Human Resources, The Civic Centre. 3. Harlow Council with reimburse you via the next available pay run for a full eye examination up to a total of £25, and spectacles (frames and lenses) solely for the DSE work undertaken at a cost of £25. Please note you may choose more expensive frames or lenses with optional treatments and pay the extra yourself. |
| **Part D: Optometrists report** |
| I am conversant with the standard recommended by the British College of Optometrists for Display Screen Equipment use and after a sight test conducted today this user: (tick box as appropriate)[ ]  requires special corrective appliances in order to meet the standard solely and exclusively for DSE use[ ]  requires special corrective appliances in order to meet the standard solely and exclusively for DSE use and requires spectacles for general use [ ]  does not require special corrective appliances in order to meet the standard solely and exclusively for DSE use, but does require spectacles for general use[ ]  does not require special corrective appliances (or there has been no change in the current prescription) in order to meet the standard solely and exclusively for DSE use.  |
| Optometrist’s name: |  |
| Optometrist’s signature:  |  | Date: |  |
| Official stamp: |  |
| Optometrist’s address and contact number:  |  |

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| **Part E: Reimbursement (to be completed by the employee)** |
| In accordance with part C above, reimbursement will be made via the next available pay run. All claims must be supported by an itemised original receipt.  |

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| **I certify that I have incurred this expenditure and have not previously claimed reimbursement through Harlow Council or a private plan.** |

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| **Signed**: |  |  | **Date**: |       |

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| For completion by Human Resources |
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| **Expenditure Code:** | **11530 2812** | **Total:** | **£** |

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| **HR Officer Approval** |

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| **Name:** |  | **Date:** |  |