DSE Screen Equipment (DSE) policy V3

Display Screen Equipment - User Eye Test Application Form

|  |  |
| --- | --- |
| Employee’s Name: \_Contact Number: | |
| Manager’s Name: \_ | |
| Department & Location: \_\_ | |
| Directorate: \_ | |
| **The above employee is designated as a Display Screen Equipment (DSE) User1. Please tick as appropriate:**  **New User Routine Test Experiencing Symptoms** | |
| Employee’s Signature: \_ | Date: \_ |
| Manager’s Signature: \_ | Date: \_ |
| **Please ensure the above details are completed before going to the cashier** | |

**Cashier Use Only:**

Eye Test Voucher Number Issued: Date: Issued by: \_

Sign & Print name

Received by: \_

Sign & Print name

*Please check the VDU Certificate of Recommendation from the Opticians and only issue a spectacles voucher if a prescription incorporating VDU use or solely for VDU use is marked.*

Spectacles Voucher Number Issued:

Date:

Issued by: \_

Sign & Print Name

Received by: \_

Sign & Print Name

1 Trust employee who uses a DSE for at least two hours daily, with at least one hour continuous usage or prolonged spells of intensive work.