**Ulster University — Eyecare Voucher Application**

Please note: To receive a voucher, you must complete this form in full and your Head of School/Department or Head of Faculty Administration/Manager must confirm that you are a DSE user as defined in the Display Screen Equipment (DSE) Regulations (NI) 1992. Please email the completed form to **healthandsafety@ulster.ac.uk**. Following processing of your application, Specsavers will email the voucher directly to you, and this should be provided to your Optician at the time of your appointment prior to the eye test commencing. **This process cannot be undertaken in retrospect.**

**Part A— Details of Applicant**

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| --- | --- | --- | --- |
| **Employee's Name:** |  | **Staff Number:** |  |
| **Email address:** |  | **Extension Number:** |  |
| **School / Department:** |  | **Type of voucher required:** (indicate either VDU or Enhanced Optical Eyecare) |
| **Work Address:**  |  |

I consider that I habitually use Display Screen Equipment as a significant part of my normal work and I request an eye examination and sight test to be carried out at a branch of Specsavers Opticians.

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| --- | --- | --- | --- |
| **Employee's Signature:** |  | **Date:** |  |

**Part B Authorisation**

**(To be completed by Head of School/Department or Head of Faculty Administration/Line Manager).**

I confirm that the above named person is a member of staff employed in the School/Department stated and is regarded as a 'useri ' as defined in the Display Screen Equipment Regulations (NI) 1992. The user has expressed a desire to have an eyesight test under the terms of the above regulations.

***IMPORTANT - The voucher should be charged against your Department Cost Code and Nominal Code below. Please ensure that the nominal code you use correlates to the expense type and that it is linked to your Department Cost Code. For any queries on this, please speak with the Management Accounts team.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Authoriser’s name:**(Please print) |  | **Cost Code and Nominal Code:** |  |
|  **Signature:** |  |  **Date:** |  |

**Part C (For Health, Safety and Wellbeing Services use only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specsavers Voucher No:** |  | **Date issued:** |  |
| **Issued by:** |  |

1 A 'user' is defined as someone who regularly or habitually uses DSE where it forms an essential part of the work undertaken or where it is a specific requirement of the post, and where normal daily use of the DSE is on average more than 2 hours per day In extended sessions.