**Ulster University — Safety Glasses 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**](mailto: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:** |  | | |
| **Work Address:** |  | | |

I consider that I need safety glasses to carry out my normal working duties.

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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 requires safety glasses to carry out their normal working duties. They have expressed a desire to have an eyesight test and be supplied with safety glasses.

***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.***

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

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

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