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| Application form for  issue / re-issue of prescription safety spectacles | | | | | | | | | | | | | | | | |
| Please complete part A of the form then email the form to your line manager/supervisor to complete the Part B authorisation. | | | | | | | | | | | | | | | | |
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| Part A - Applicant details | | | | | | | | | | | | | | | | |
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| Name of Applicant: | | | | | | Click here and enter full name. | | | | | | | | | |  |
|  |  |  | |  | |  | | | | | | | | | |  |
| Staff / Student No. | | Click here to enter number. | | | | | | Phone No. (work). | | Click here to enter number. | | | | | | |
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| Directorate / School / Section: | | | | | | Click here to enter. | | | | | | | | | | |
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| Staff/ Student category: | | | | | | Select a category from the drop down list. | | | | | | | | | | |
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| Applicants Email address: | | | | | | Click here to enter address. | | | | | | |  |  |  |  |
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| Part B Authorisation - **to be completed by the applicants line manager/supervisor** | | | | | | | | | | | | | | | | |
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| Name of Manager / Supervisor: | | | | | | Click here and enter full name. | | | | | | | | | |  |
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| Email address: | | | | | | Click here to enter email address. | | | | | | | | | |  |
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| Line Manager / Supervisor Authorisation: | | | | | |  | I confirm that the person named above currently wears prescription glasses. I have assessed the work undertaken and determined that prescription safety glasses will provide the level of protection for that work. | | | | | | | | | |
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| Please email the completed form to the Occupational Health & Safety Service at Safety@qub.ac.uk  Once authorised an email will be sent directly to the applicant. A letter of authorisation will be attached for the applicant to take to the University nominated optician. | | | | | | | | | | | | | | | | |
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| **For OHSS use only** | | | | | | | | | | | | | | | | |
| Application ref number: | | | | Click here to enter reference. | | | | | Date PSG2 sent: | | Select Date. | | | | | |

Queen’s University is registered under the terms of the Data Protection Act 1998 to enable it to hold and process personal data for the purposes of ensuring and monitoring health and safety. The data supplied on this form will be kept secure and accurate for a maximum of five years and will only be disclosed to people who have a need to know in accordance with the University’s registration under the Act.