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| Application form for issue / reissue ofprescription safety spectacles (PSG 1) |
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| Please complete Part A of the form. Then, email the form to your line manager to complete Part B authorisation. |
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| **Part A - Applicant details**  |
| Name of Applicant: | Click or tap here to enter text. |
| Staff / Student number: Click or tap here to enter text. | Phone number (work): Click or tap here to enter text. |
| Directorate / School / Centre / Business Area:  | Click or tap here to enter text. |
| Staff / Student Category: | Choose an item. |
| Work address: Click here to enter the address of your place of work or study |
| Email address: Click here for your Queen's email address |
| **Part B - Authorisation – to be completed by the applicant’s line manager and budgetary approver** |
| Manager / Supervisor’s name: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Budgetary Approver:  | Click or tap here to enter text. |
| Authorisation of Budgetary Approver: [ ]   | I confirm that the above-named person currently wears prescription glasses. I have assessed the work undertaken and determined that prescription safety glasses will provide the level of protection required for that work. |
| Signature of Budgetary Approver:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Project Code Click or tap here to enter text. | Against which will be re-charged any surplus costs for bifocal or varifocal lenses in excess of the £65 charge for basic single vision lenses.  |
| **Please email the completed form to the University Safety Service at** **safety@qub.ac.uk****. A copy of the eyesight test rules and a letter of authorisation will be emailed directly to the applicant to take to the University’s nominated optician.**  |
| **For University Safety Service use only** |
| Application reference number: | Date PSG2 letter sent to applicant:  |