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| Application form for issue / reissue ofprescription safety glasses (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** |
| Line Manager / Supervisor’s name: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Signature of Line-Manager:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please email the completed form to the University Safety Service at** **safety@qub.ac.uk****. A copy of the Eyesight Test Scheme 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:  |