



The Athelstan Trust

Appendix 1

Eye test referral form (Display Screen Equipment Users)

Name of Employee:

Job Title:

I have identified the above member of staff as a regular Display Screen Equipment user and request an eyesight test in accordance with The Athelstan Trust Eye Test Policy.

The Academy this member of staff works at will contribute up to £25 for the costs of an eye test.

Name of Referring Manager:

Line Manager's Signature: Date:

Academy name: The Athelstan Trust

I confirm that I am a regular Display Screen Equipment user and request an eyesight test. I note that the Academy I work for will contribute up to £25 for the cost of an eye test.

Employee's Signature: Date:

Optician to Complete

Optician Name (PRINT):

Optician's Signature: Date:

(I confirm a full eye test has been completed on the above, named employee)

Optician's Stamp