## APPENDIX A

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| NHS Education for Scotland |
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| **PROVISION OF EYE TEST AND SPECTACLES FOR USERS OF****DISPLAY SCREEN EQUIPMENT** |
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| *(see overleaf for instructions for completing form)* |
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| PART A: AUTHORISATION FOR EYE EXAMINATIONS |
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| This authorisation entitles a NES employee, who is a regular user of display screen equipment, reimbursement towards the cost of an eye test. If a special corrective appliance is prescribed for DSE use, then a maximum of £70.00 towards the cost of spectacles and eye test will be reimbursed by NES. |
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| Name of Employee: | ………………………………. | Payroll No: | ………………………….. |
| Department: | ………………………………. |  |  |
| Signature of Line Manager: | …………………………........ Date: | ………..………………… |
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| **PART B: AUTHORISATION FOR PROVISION OF CORRECTIVE SPECTACLES – TO BE COMPLETED BY OPTICIAN** |
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| Address of Opticians or Opticians Stamp | …….………..……..................................................................................................……………………………………………………………………………………………. |
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| Name of Examining Optician | ……………………………………………… |
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| Complete as appropriate: |
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| * I confirm that the cost of the eye test is £ …………………….
 |
| * I confirm that a portion of this prescription is for DSE use.
 |
| * I confirm that the cost of spectacles are £ ……………………. (Receipt attached)
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|  |  |
| Signature | ……………………………………..…..……. | Date …………………… |
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| PART C: AUTHORISATION OF PAYMENT – TO BE COMPLETED BY BUDGET HOLDER |
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| Name of Budget Holder: | …………………………………………………… |
| * I authorise payment of spectacles and eye test, where appropriate, at a cost of: £ ………………

 *(Maximum £70.00)* |
| Signature of Budget Holder: | …………………………......... | Date ………..……. |

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| **INSTRUCTIONS FOR COMPLETING AUTHORISATION FORM** |
| 1. | **The Line Manager should sign PART A.** |
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| 2. | The employee should take the signed form to the optician when attending for an eye test. |
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| 3. | The optician is responsible for the completions of **PART B**. If this is not completed then a letter from the optician detailing the outcome of the test is also acceptable. |
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| 4. | The form (with Part B or letter signed by the optician) and a receipt for the spectacles and eye test should be forwarded to your department budget holder for authorisation and to complete **PART C.** |
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| 5. | The completed form should then be submitted as an eExpense claim. |