## 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** | | | | | | | | | |
|  | | | | | | | | | |
| *(see overleaf for instructions for completing form)* | | | | | | | | | |
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| PART A: AUTHORISATION FOR EYE EXAMINATIONS | | | | | | | | | |
|  | | | | | | | | | |
| 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. | | | | | | | | | |
|  | | | | | | | | | |
| 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 | | …….………..……..................................................................................................  ……………………………………………………………………………………………. | | | | | | | |
|  | | | | | | | | | |
| Name of Examining Optician | | | | | ……………………………………………… | | | | |
|  | | | | | | | | | |
| Complete as appropriate: | | | | | | | | | |
|  | | | | | | | | | |
| * 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) | | | | | | | | | |
|  | | | | | | |  | | |
| Signature | ……………………………………..…..……. | | | | | | Date …………………… | | |
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| PART C: AUTHORISATION OF PAYMENT – TO BE COMPLETED BY BUDGET HOLDER | | | | | | | | | |
|  | | | | | | | | | |
| 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. |