



**Driver & Vehicle
Licensing
Agency**

Driver and Vehicle Licensing Agency
Swansea SA6 7JL

Telephone: 01792 782223/8948

Our reference: H+S

Date: _____

Eyesight tests for Display Screen Equipment (DSE) users: Request for reimbursement

Please note: Before filling in this form please read Health, Safety & Environmental Circular 01/09:
Reimbursement for eye tests and spectacles

A To be filled in by employee

Title Mr/Mrs/Miss/Ms Surname: _____ Maiden name: _____

First names: _____ Date of birth: _____ Staff N° _____

Group/Unit/Project: _____ Location: _____ Phone: _____

Have you been reimbursed by the Agency before? _____

B To be filled in by line manager

I hereby certify that the staff member detailed above uses DSE in the normal course of their work.

I hereby certify that I have seen the original receipt.

Eye test £	Specs £	Total £
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Please note: Applications will not be processed without a line manager's approval.

C Bank/Building Society Details

Once approved, payment for your eyesight test will be credited to the bank/building society held on your staff record. This will normally be the account that you receive your pay into. It is your responsibility to ensure that this information is up to date.

Please ask your optician to fill in the form overleaf. The Agency will not reimburse any charge made for filling in this form.

Please return this form to: Eye – Test Reimbursement, ARU, C3E with an itemised receipt as your application cannot be processed without one. Phone enquiries – 01792 783088

D Authorisation

Signed: _____ Print: _____ Dated: _____

Line Manager



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Health at Work: The Corporate Standard Winners
DVLA is an Equal Opportunities Employer

E To the Optician

Dear Sir/Madam

Request for an eyesight test

This letter introduces the employee detailed overleaf who is attending for an eyesight test with the Agency's approval. The employee uses Display Screen Equipment (DSE) in the course of their normal duties.

After conducting the eyesight test please fill in Part F of this form and provide **an itemised receipt of charges**.

Thank you for your assistance.

Yours faithfully

DVLA H+SA Team

F Declaration to be filled in by the Optician

I am conversant with the British College of Optometrists statement of good practice and I am aware that reimbursement is **not** applicable for spectacles to correct a pre-existing refractive error.

In my opinion the above-named officer

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Requires spectacles solely to work with DSE | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Requires an addition to their normal prescription in order to work with DSE. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Details of charges | | |
| | (a) Eye test | _____ | |
| | <i>If the answer to Question 1 or 2 is Yes, please provide:</i> | | |
| | (b) the cost of spectacles (lenses and frames) | _____ | |
| | (c) Tints or coatings (required in order to use DSE) | _____ | |
| | (d) Others costs (please specify) | _____ | |
| | | Total | _____ |

Signed _____ Date _____

Optician's stamp