EYECARE VOUCHER REQUEST FORM

To be authorised by the manager ([DSE Policy)](http://www.hud.ac.uk/media/universityofhuddersfield/content/files/hr/occhealth/Full%20policy%20DSE%20May%202012.doc)

Your voucher will be **e-mailed** to the address you provide below.

Name of DSE user …………………………………………………………….....

School / Service …………………………………………………………….....

E-mail address …………………………………………………………….....

Contact Number …………………………………………………………….....

**VDU eye test voucher (£17.00)**

**Safety Eyewear Voucher - Single Vision (£50)**

**Safety Eyewear Voucher - Bifocal (£72)**

**Safety Eyewear Voucher – Varifocal (£115)**

The voucher can be used at University Valli Opticians (Joseph Priestley East Building) and all other [Valli Opticians](https://www.valliopticians.co.uk/) outlets.

Please obtain your voucher before attending your appointment.

SUB PROJECT (COST CENTRE) ………………………………………………….

Authorised by (Signature) ……………………………………………………………

PLEASE PRINT NAME ………………………………………………………………

Date …………………………………………………………………………………...

Please note we cannot process the voucher unless it is fully completed.

Email the completed form to [occupational.health@hud.ac.uk](mailto:occupational.health@hud.ac.uk) once processed the DSE user will receive a voucher to use at their appointment.