

Vision Verification Form

(Electrical Installation ONLY)

Name: _____ Date of Birth: _____

Address: _____

Postcode: _____

Preferred Campus: Ballymena or Newtownabbey (*please select*)

Vision

Note to Applicant – Please ask your optician to complete this form, to verify that you don't have any sight or colour vision problems, that would prevent you from undertaking an Electrical Apprenticeship.

Note to Optician – Written evidence is required to verify that the applicant doesn't have any sight or colour vision problems that would affect their ability to train and work as an Electrician in the construction industry. Signing this statement will be sufficient for our purposes.

I can confirm, that the applicant named above, has no sight or colour vision problems that would prevent him / her from training and working as an Electrician in the Construction Industry

Comment:

Optician's Signature & Date

Optician's Stamp