

# Colour Vision Certificate



Please take this form to an optician to be completed and then send a copy of the completed form to your JTL contact or email it to [admissions@jtltraining.com](mailto:admissions@jtltraining.com).

The person presenting this form has applied for an apprenticeship with JTL and is responsible for any cost incurred for this test. Please can you carry out an appropriate colour vision test using the Ishihara method (plates 2 through 17 inclusive) and then complete this form, ensuring it is signed by the qualified person carrying out the test and stamped.

## PERSON BEING TESTED

Mr, Mrs, Miss, Ms, Mx: \_\_\_\_\_

First name(s): \_\_\_\_\_  
(e.g. Daniel, not Dan or Danny)

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

House Number / Name: \_\_\_\_\_

Postcode: \_\_\_\_\_

## PERSON CONDUCTING THE TEST, TEST RESULTS (PLATES 2 – 17 OF THE ISHIHARA TEST ONLY)

Please indicate in the table below the results of the test:

A score of 14 or more correctly seen Ishihara plates is a Pass.	Total number of plates passed. (Please indicate score out of 16)	Test Result (please indicate Pass or Fail)
	_____ out of 16	_____

Name: \_\_\_\_\_

Official Stamp:

Date of test: \_\_\_\_\_

Job title (delete as applicable):

Registered Medical Practitioner / Optometrist

Signature: \_\_\_\_\_

If the official stamp does not include the name and address of the establishment carrying out the test, please write your details below the stamp.

The information contained on this form will be used solely by JTL for the purpose of assessing suitability for entry to a JTL apprenticeship. The information may be shared with your employer if a dispute arises during the apprenticeship.