Colour Vision Certificate

Please take this form to an opticians to be tested and send the original to the address at the base of the form

The person presenting this form has applied for an apprenticeship with JTL in the Building Services Engineering sector. Please could you carry out an appropriate colour vision test using the Ishihara method and complete this form, ensuring that the form is signed by the person carrying out the test and stamped.*

PERSON BEING TESTED

Mr, Mrs, Miss, Ms?: _____

First name (s): (e.g. Daniel NOT Danny) _____

Surname: _____

House no. / name: _____

Postcode: _____

Date of birth: d d m m y y y y

TEST RESULTS (PLEASE INDICATE THE COLOUR VISION TEST RESULTS IN THE TABLE BELOW AND ENSURE ALL 16 PLATES ARE RECORDED)

	Number passed	Number failed
Plates 2 - 17		

TEST PASSED (Less than 3 failed total)	TEST FAILED (3 or more failed total)

Colour corrective glasses used to pass the test?

☐ Yes ☐ No

PERSON CONDUCTING THE TEST

Name: _____

Date of test: d d m m y y y y

Capacity employed: _____

Signature:

Official stamp:

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

* The applicant is responsible for any cost involved.

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.

Once completed, please upload a copy of this to your application.