

Colour Vision Certificate



Please take this form to an opticians to be tested and bring the completed form along to your assessment.

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 Ishihari method and complete this form, ensuring that the form is signed by the person carrying out the test and stamped.*

Absence of colour deficiency is a prerequisite for entry onto a JTL Apprenticeship Scheme, the results must indicate the number of plates passed/failed and that the colour vision examination has been 'PASSED' or 'FAILED'.

PERSON BEING TESTED

Mr, Mrs, Miss, Ms?: _____ First name(s): (e.g. Daniel NOT Danny) _____

Surname: _____

Postcode: _____

Date of birth: / /

TEST RESULTS (PLEASE INDICATE THE COLOUR VISION TEST RESULTS IN THE TABLE BELOW)

(Place a cross in the relevant box)

	Number passed	Number failed
Plates 2-9 (Transforming)		
Plates 10-17 (Vanishing)		
Total Plates (From above plates)		

TEST PASSED (Less than 3 failed total)	TEST FAILED (3 or more failed total)
<input type="checkbox"/>	<input type="checkbox"/>

PERSON CONDUCTING THE TEST

Name: _____

Date of test: / /

Capacity employed: _____

Signature: _____

Official stamp:

If the official stamp does not indicate the name and address of the establishment carrying out the test, then 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.

JTL, National Administration Centre, Unit 3H1, Third Floor, Redwither Tower, Redwither Business Park, Wrexham LL13 9XT