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.*

**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

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

<table>
<thead>
<tr>
<th>Plates 2 - 17</th>
<th>Number passed</th>
<th>Number failed</th>
</tr>
</thead>
</table>

**PERSON CONDUCTING THE TEST**

Name: _________________________________
Date of test: d d m m y y y
Capacity employed: _________________________________
Signature: _______________________________________

Official 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

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