NHS Special Measure Request Form

|  |  |
| --- | --- |
| Employee Name  |  |
| Trust  |  |
| Station Name  |  |
| Approval Given By  |  |
| Approver Name and Email Address |  |

|  |  |
| --- | --- |
| Measurer Name  |  |
| Email Address |  |
| Contact Number  |  |
| Signature |  |

Please state below if this is a standard stock size requiring an alteration i.e. longer sleeve, wider collar **OR** new size garment

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Product** | **Tick if required** | **Quantity required** | **Special Measure Requirement** |
| SS Operational Trousers – Navy |[ ]   |  |
| Operational Trousers  |[ ]   |  |
| Operational Shirt – Green |[ ]   |  |
| EOC Operational Shirt - Green |[ ]   |  |
| SS Operational Shirt – Navy |[ ]   |  |
| Polo Shirt |[ ]   |  |
| EOC Polo Shirt |[ ]   |  |
| SS Polo Shirt |[ ]   |  |
| T-Shirt – WHITE |[ ]   |  |

Please Note Trust Name below:

**Please note the reason for Special Measure**

Please answer the following questions. Circle the correct answer where appropriate

|  |  |
| --- | --- |
| Are you providing images of yourself to help with sizing | YES NO |
| Do you have any fabric allergies i.e. Cotton, Wool, Polyester etc | YES NO |
| If YES please state allergen  |  |
| Do you require a Special measure smaller or shorter than the standard size? | SMALLER SHORTER |
| What is the standard stock size closest to your required measurements?  |  |

**Please note any additional comments**

Measuring Specifications

**TOPS**

|  |  |
| --- | --- |
| Name: | Height (ft) |
| Gender: | Height (cm) |





**BOTTOMS**



|  |
| --- |
| **Current uniform trouser measurements*** Outside leg (along seam)
* Inside leg (along seam)
* Closed waistband (half measurement)
* Hips

**Where does the person normally wears their trousers** |