

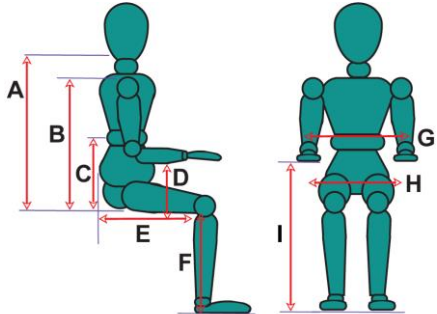
Please complete the form in full to help us assist you with your assessment.

All of the information provided will be treated confidentially.

Email address for return of quote:	
Company Name:	
Manager Name:	
Telephone:	
Employee Name:	
Employee Job Title:	
Employee Telephone:	
Employee Address:	
Employee Gender:	
Employee Age:	
Employee Weight:	
Employee Height:	

Measurements:

Please make sure that all of the measurements are taken when in a seated position.

	A	Nape of neck (if using a head rest)		cm
	B	Buttock to top of shoulder		cm
	C	Buttock to centre of lumbar curve		cm
	D	Under elbow to seat surface		cm
	E	Back of buttock to behind knee		cm
	F	Under knee to base of foot (in shoes)		cm
	G	Elbow to elbow		cm
	H	Width across hips		cm
	I	Height of desk (to the top of surface)		cm

About You:

Please fill in the empty boxes:

Are you a touch typist?	Yes / No	
Which is your dominant hand?	Right / Left	
Do you use a mouse?	Yes / No	
Do you work full time?	Full/Part	

How do you spend your working day?

Computer (VDU)		%
Writing		%
Reading		%
Meetings		%
Away from desk		%

Any other relevant information?