ACO-GAP *Self*-GLAUCOMA ASSESSMENT PROGRAM

PERSONAL DETAILS (as registered with AHPRA/ODOB)

TITLE GIVEN NAMES FAMILY NAME

PREFERRED NAME DATE OF BIRTH GENDER ☐ MALE ☐ FEMALE

POSTAL ADDRESS

TOWN/SUBURB STATE COUNTRY POSTCODE

PHONE MOBILE

EMAIL

☐ I am registered to practice optometry in Australia/New Zealand

My AHPRA/ODOB number is: My OA number is:

ACO MEMBER

I am a member of the ACO ☐ **Yes** ☐ **No** ☐ I wish to join now and attach my membership application

COURSE FEE DETAILS

	$AUD
☐ AUSTRALIA	$110 (INC GST)
☐ NEW ZEALAND/OVERSEAS	$100 (EXC GST)

Please select one of the following payment options:

☐ **OPTION A:** Charge my credit card

☐ **OPTION B:** Direct deposit to Australian College of Optometry bank account

OPTION A: Credit Card

CHARGE THE FOLLOWING CREDIT CARD WITH MY ASSESSMENT FEE ☐ VISA ☐ MASTERCARD

CARD NUMBER ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ CVV ☐☐☐ EXPIRY ☐☐/☐☐

NAME ON CARD SIGNATURE DATE / /

OPTION B: Direct deposit to Australian College of Optometry

Account Name: Australian College of Optometry
Bank: NAB
BSB Number: 083-170
Account Number: 95-782-4874
Bank Address: 288 Lygon St Carlton

***NB:** A remittance advice to be emailed to the College (accounts@aco.org.au and cpd@aco.org.au) within 24 hours of payment. Remittance to quote your First name & Surname, SEAPG, payment amount.*

HOW TO LODGE YOUR APPLICATION

Email your completed application form including payment details to:
Education Division, Australian College of Optometry, 374 Cardigan Street, Carlton VIC 3053

+ 61 3 9349 7477 **cpd@aco.org.au** **www.aco.org.au**

AUSTRALIAN COLLEGE OF OPTOMETRY
CLINICAL SERVICES • RESEARCH • EDUCATION