

Application for Fellowship of the Australian College of Optometry

Fellowship of the Australian College of Optometry (ACO) recognises members who have made a significant contribution to the practice and profession of optometry, to the community, and who are held in high esteem within the profession.

There are five categories under which members can apply for Fellowship (refer below). Applicants applying under categories 1 to 4 should apply under at least two categories, and must demonstrate a contribution in at least one criterion in each category. Those applying under Category 3 'Acquisition of Special Clinical Expertise' are required to provide three examples which demonstrate specialist expertise. Category 5 applicants may apply under this category only.

In addition to completing this application form, supporting documentation should consist of a current curriculum vitae (maximum two pages) and one page case, relating to the categories and criteria, on why the applicant is eligible for Fellowship.

Before completing this application, please refer to the Australian College of Optometry Fellowship Application Information Sheet.

Title: Mr Mrs Miss Ms Dr Other: <small>Please Circle</small>	Family Name:
Given Names:	Preferred Name:
Date of birth: / /	
Postal Address:	
State:	Post Code:
Telephone business hours: ()	
Mobile:	
Email Address:	
Optometric qualification: University:	
Year qualified:	
Optometric qualification: University:	
Year qualified:	
Other qualification(s):	
Please tick: <input type="checkbox"/> I have been a member of the ACO for three or more consecutive years (Category 5 exempt) and commit to continue to remain a financial member. <input type="checkbox"/> I understand that Fellows of the College are expected to engage with the College and its activities	

As a Fellow of the ACO I understand that I am expected to practise in accordance with the ACO Code of Ethics (www.aco.org.au/membership) and agree to be bound by the current provisions of the ACO's Memorandum and Articles of Association.

I consent to the ACO collecting, storing and using my personal information for the purpose of administering my membership and providing ACO related services to me (unless I have "opted out" by ACO Membership Division).

In order to be eligible for ACO Fellowship, members must be a person of good standing in the community and among their peers and (in the case of a person who engages in the practice of optometry) do so in a way that conforms to the standards of optometric practice and standards of ethical and professional conduct that are acceptable to the ACO. Please complete the following declaration:

Have you had a criminal conviction recorded against you? No Yes

Have you had a ruling of unprofessional conduct, professional misconduct or similar made against you? No Yes

Have you had any disciplinary action taken against you by any government agency, regulatory body or other health organisation? No Yes

Have you had any disciplinary action taken against you in the areas of equal employment opportunity, breach of contract or workplace behaviour? No Yes

If you are, or have been, involved in research, have you been found guilty of fraud or disciplinary action regarding your research? No Yes

If you answered yes to any of these questions please provide further details in a separate document, please note all information provided is kept strictly confidential and will be dealt with within the administration of the membership application process only.

If you have any questions or require assistance answering these questions please contact the ACO Membership Division at membership@aco.org.au

Signature:

Date: / /

Categories 1 to 4:

- Please tick the relevant categories (two or more) and criteria to indicate the basis of your application for Fellowship.
- Those applying under Category 3 'Acquisition of Special Clinical Expertise' are required to provide three examples which demonstrate specialist expertise.

Applicants applying under Category 5 may apply under this category only.

Category 1: Personal achievement in acquiring skill and knowledge - indicate one or more criterion/criteria.

Criteria:

- Further clinical qualification
- Fellowship by examination
- Completion of research training
- Qualification in a field other than optometry
- Goal orientated continuing education

Category 3: Acquisition of special clinical expertise - indicate three examples, as outlined in the information sheet.

Criterion:

- Specialist expertise

Category 2: Contribution to knowledge and learning - indicate one or more criterion/criteria.

Criteria:

- Publications
- Clinical teaching

Category 4: Professional leadership/service - indicate one or more criterion/criteria.

Criteria:

- Professional leadership
- Professional service

Category 5: Previous Fellow of the ACO applying for reinstatement of Fellowship



Referee Information		
Two referees are required, one of which must be a Fellow of the Australian College of Optometry.		
Referees must be of sufficient standing to be able to attest to the accuracy of your evidence and confirm that they know of no reason why you should not be considered for Fellowship.		
Referee 1 Details		
Title:	Family Name:	Given Name:
Postal Address:		
Contact Telephone Number:		
Contact Email Address:		
Current Position:		
Relationship to Applicant:		
Fellow of the ACO: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Basis on which the referee can validate your evidence:		

Referee 2 Details		
Title:	Family Name:	Given Name:
Postal Address:		
Telephone Number:		
Email Address:		
Current Position:		
Relationship to Applicant:		
Fellow of the ACO: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Basis on which the referee can validate your evidence:		

Applicant Checklist

Applicants should check the following has been provided:

- Applicant's details including referee information (the Application Form)
- Attachment 1 – a case for why the applicant should be awarded a Fellowship, addressing the criteria as listed in the Information Sheet (one page maximum)
- Attachment 2 – a curriculum vitae summary of professional history (two pages maximum)

DECLARATION:

In applying for Fellowship of the ACO I declare that the information provided on this form and on associated attachments is true and correct.

I understand that I may be requested to clarify any information, or provide more information, including documentary evidence to support my application.

Signature of Applicant:

Date:

Completed Application Forms with attachments should be forwarded to:

Membership Division
Australian College of Optometry
374 Cardigan Streets
CARLTON VIC 3053

Tel: 03 349 7578 Fax: 03 9349 7559
Email: membership@aco.org.au