

ACO-GAP

Self-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

	AUSTRALIA AU\$	NEW ZEALAND/ ELSEWHERE OS
<input type="checkbox"/> MEMBER	\$55 (INC GST)	\$50
<input type="checkbox"/> NON-MEMBER	\$110 (INC GST)	\$100

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