

Application for ACO Certificate in Advanced Contact Lenses (ACO-CACL) 2019

Personal Details (as registered with APHRA/ODOB)

For details on course commencement dates see www.aco.org.au/professional-development

TITLE	FAMILY NAME	GIVEN NAMES			
DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
POSTAL ADDRESS					
TOWN/SUBURB	STATE	COUNTRY	POSTCODE		
PHONE	MOBILE				
EMAIL					

I am registered to practice optometry in Australia or New Zealand

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

Previous tertiary studies

Please provide details below for all previous and current tertiary studies with your most recent or current qualification listed first.

NAME OF QUALIFICATION	NAME OF INSTITUTION	COUNTRY OF INSTITUTION	COURSE LENGTH (NO. OF YEARS FULL TIME STUDY)	DATE COMMENCED (DD/MM/YY)	DATE COMPLETED (or expected completion) (DD/MM/YY)

I am a member of the ACO YES NO

I wish to join now – I have attached my membership application form

Note: If you are not a member of the ACO but are applying for ACO membership, you can claim the member rate for course fees if you submit your membership application form with this course application. A membership form is available from www.aco.org.au/membership/join-the-aco. Membership is for January to December (renewable annually). Pro-rata ACO membership fees do not apply when enrolling in a certificate level course.

Course Fee Categories

I wish to pay my Contact Lens course fees according to the following category (please tick one only):

I will complete ALL of ACO-CACL in New Zealand YES NO

PAYMENT TYPE	AU (INC GST)	NZ (GST EXEMPT)
<input type="checkbox"/> ACO MEMBER	AUD \$2,068	AUD \$1,880
<input type="checkbox"/> NON MEMBER	AUD \$2,640	AUD \$2,400

Please select one of the following payment options

Option A: I enclose a cheque made payable to the Australian College of Optometry (fees paid by cheque must be paid in full)

Option B: Direct debit my bank, building society or credit union account

Option C: my credit card account

I have read and understood the course information and cancellation policy on the ACO website

OPTION B: Direct Debit Bank/building society/credit union (not available from overseas bank accounts)

NAME OF FINANCIAL INSTITUTION _____

NAME(S) OF ACCOUNT HOLDER _____

BSB NUMBER _____ BANK ACCOUNT NUMBER _____

ACCOUNT HOLDER'S SIGNATURE _____ DATE _____

JOINT ACCOUNT HOLDER'S SIGNATURE _____ DATE _____

OPTION C: Credit card

DEBIT THE FOLLOWING CREDIT CARD WITH MY INDICATED COURSE FEES VISA MASTERCARD

CARD NUMBER CVV EXPIRY /

NAME ON CARD _____ SIGNATURE _____ DATE _____

How to lodge your application: Send complete application form together with payment to the details below:

Education Division, Australian College of Optometry, 374 Cardigan Street, Carlton VIC 3053
Phone: +61 3 9349 7477 Email: cpd@aco.org.au Web: www.aco.org.au/professional-development