

2020 Application for ACO Advanced Certificate in Children's Vision (ACO-ACCV)

Personal Details (as registered with APHRA/ODOB)

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

TITLE	GIVEN NAMES	FAMILY NAME		
PREFERRED NAME	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: _____

Withdrawal from the Course and Fee Refund

The following terms apply in relation to candidate withdrawal from the course and refund of fees:

1. Notification of a candidate's intention to withdraw must be made in writing. Confirmation of receipt of this notification will be provided by the ACO.
2. Candidates will receive a full refund for withdrawals received prior to 27 December 2019, less \$250 administration fee.
3. Fees will not be refunded for withdrawals received after 27 December 2019.

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 but are applying for ACO membership, you can claim the ACO 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).

Course Fee Categories

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

I will complete ALL of ACO-ACCV in New Zealand	<input type="checkbox"/> NO	<input type="checkbox"/> YES
PAYMENT TYPE	AU (INC GST)	NZ (GST EXEMPT)
<input type="checkbox"/> ACO MEMBER	AUD \$2,453	AUD \$2,230
<input type="checkbox"/> NON MEMBER	AUD \$3,135	AUD \$2,850

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: 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CVV	<input type="text"/>	EXPIRY	<input type="text"/>	<input type="text"/>
NAME ON CARD	SIGNATURE			DATE					

How to lodge your application: Send completed 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