



AUSTRALIAN COLLEGE OF
OPTOMETRY
CLINICAL SERVICES • RESEARCH • EDUCATION

AUSTRALIAN COLLEGE OF OPTOMETRY CERTIFICATE IN OCULAR THERAPEUTICS

ACO-COT



NOTE: Application deadline is 4 weeks prior to course commencement.

Personal Details *(as registered with APHRA/ODOB)*

TITLE GIVEN NAME FAMILY NAME

PREFERRED NAME

DATE OF BIRTH GENDER MALE FEMALE

POSTAL ADDRESS

TOWN/SUBURB STATE POSTCODE COUNTRY

PHONE MOBILE

EMAIL

RESIDENTIAL ADDRESS *(must be supplied if different from above)*

TOWN/SUBURB STATE POSTCODE COUNTRY

I am registered to practice optometry in Australia or New Zealand.

My AHPRA/ODOB registration number is: _____

My OA member 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)	YEAR COMPLETED

Employment experience relevant to application

Please summarise your relevant employment history over the last five years, listing your current employment first.

EMPLOYER/PRACTICE	POSITION	DURATION

I am a member of the ACO Yes No

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

Note: Non-members are welcome to join the ACO to gain access to the member rate. Please include a membership form with your ACO-COT application. A membership form is available from www.aco.org.au/members/ ACO annual membership runs from January to December (renewable annually). ACO-COT candidates who choose to pay the member fee must remain a member for the duration of the course.

Course Fee Categories (for courses commencing 2021)

Applications received before 15 December 2020 are eligible for the early bird registration fee.

I will complete ALL of ACO-COT in New Zealand

NO

YES

PAYMENT TYPE	AU (INC GST)	NZ (GST EXEMPT)
EARLYBIRD		
<input type="checkbox"/> ACO MEMBER	AUD \$9,201	AUD \$8,360
<input type="checkbox"/> NON MEMBER	AUD \$9,723	AUD \$8,830
IN FULL		
<input type="checkbox"/> ACO MEMBER	AUD \$9,526	AUD \$8,660
<input type="checkbox"/> NON MEMBER	AUD \$9,999	AUD \$9,090

A full refund will be given for withdrawals received six weeks prior to course commencement, less \$250 administration fee. Fees will not be refunded for withdrawals received less than six weeks prior to course commencement (including payments by instalments).

Please select one of the following payment options.

- Option A:** my bank, building society or credit union account
- Option B:** my credit card account (a 2% credit card surcharge will be added)
- Option C:** I enclose a cheque made payable to the Australian College of Optometry (fees paid by cheque must be paid in full)

OPTION A: 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 B: Credit card (a 2% credit card surcharge will be added)

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

CARD NUMBER CVV EXPIRY /

NAME ON CARD _____ SIGNATURE _____ DATE _____

Your Responsibilities

- ensure any travel plans do not conflict with the course schedule
- ensure that your existing account can accept direct debits (check with your financial institution)
- ensure that the authority given to us to draw on your existing account is consistent with the account authority or signing instructions held by your financial institution
- ensure that before the billing day you have sufficient cleared funds available in your account

Declaration and signature – Please tick all boxes and sign below

- I have read and understood the course information booklet attached to this form.
- I acknowledge that clinical placement must be undertaken in Australia or New Zealand.
- I declare that all the information I have submitted with this application is true and complete.
- I acknowledge that the submission of false, incorrect, incomplete or misleading information may result in cancellation of my enrolment or delays in processing.
- I authorise the Australian College of Optometry to make any inquiries necessary to verify the accuracy of the information supplied on this form.
- I acknowledge that I am responsible for the payment of all candidate fees and charges applying to my admission and study with the Australian College of Optometry. I have read and understood the fee payment and withdrawal rules.
- I acknowledge that I am responsible for any costs incurred that are not included in the course fees, including the costs associated with prescribed texts, clinical placements, invigilation and repeat examinations.

NAME OF APPLICANT _____ SIGNATURE _____ DATE _____