

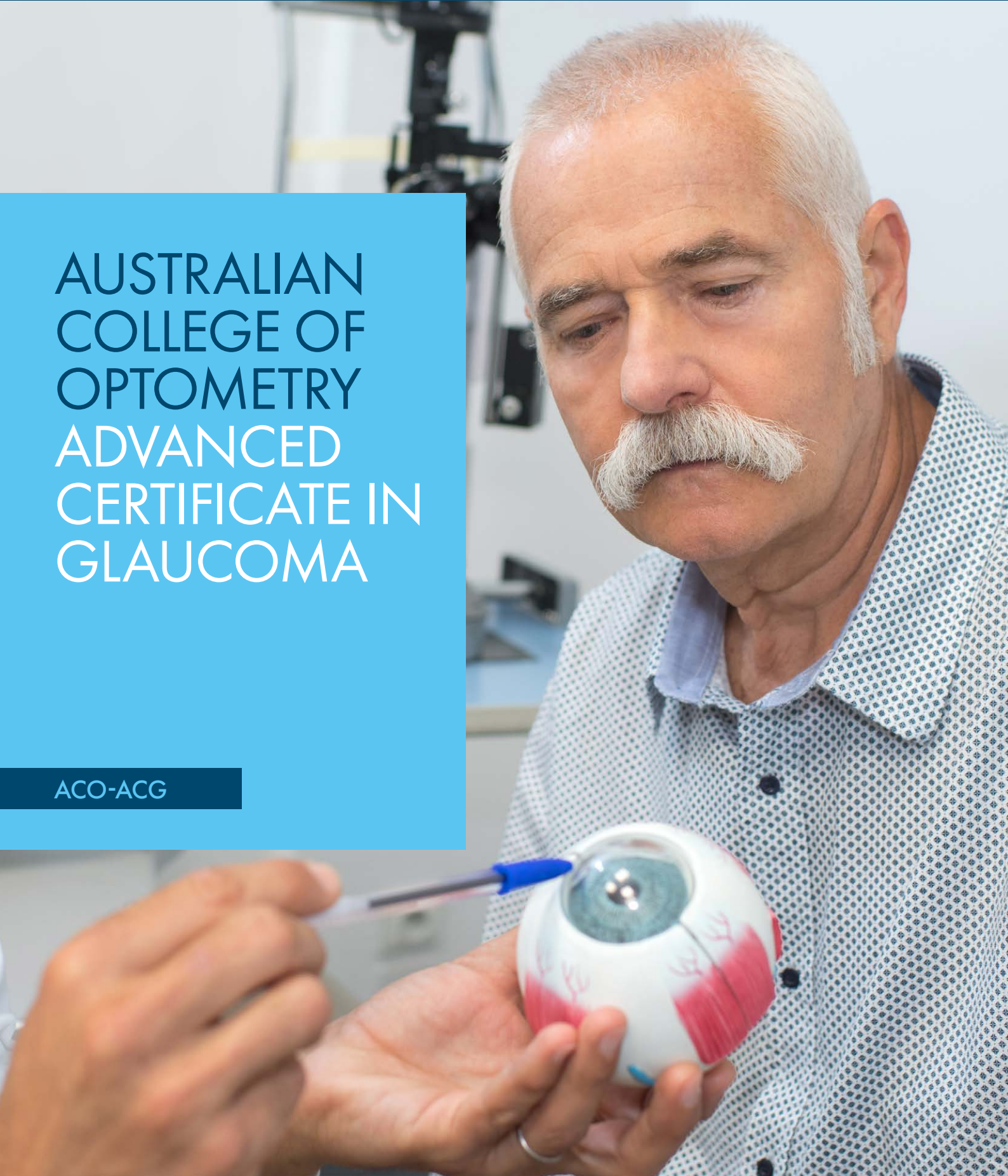


AUSTRALIAN COLLEGE OF  
**OPTOMETRY**  
CLINICAL SERVICES • RESEARCH • EDUCATION

# Application Form

## AUSTRALIAN COLLEGE OF OPTOMETRY ADVANCED CERTIFICATE IN GLAUCOMA

ACO-ACG



# 2021 Application for ACO Advanced Certificate in Glaucoma (ACO-ACG)

## Personal details (as registered with AHPRA/ODOB)

For details of course commencement dates see [aco.org.au/education](http://aco.org.au/education)

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: \_\_\_\_\_  
(AU only)

## 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 <small>(No. of years full time study)</small>	YEAR COMPLETED

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 [aco.org.au/members](http://aco.org.au/members). 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-ACG 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 \$2,663	AUD \$2,421
<input type="checkbox"/> NON MEMBER	AUD \$3,433	AUD \$3,121

## Please select one of the following payment options.

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

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

## OPTION A: 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 B: Credit card (a 2% credit card surcharge will apply)

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 completed application form together with payment to the details below:

ACO Education, Australian College of Optometry, 374 Cardigan Street, Carlton VIC 3053  
Phone: +61 3 9349 7477 Email: [cpd@aco.org.au](mailto:cpd@aco.org.au) Web: [www.aco.org.au](http://www.aco.org.au)