



AUSTRALIAN COLLEGE OF
OPTOMETRY

CLINICAL SERVICES • RESEARCH • EDUCATION

AUSTRALIAN
COLLEGE OF
OPTOMETRY
CERTIFICATE IN
PUBLIC HEALTH
AND LEADERSHIP
IN EYE CARE

ACO-PHLEC

COMMENCING
17 MAY 2021

2021 Application for ACO Public Health and Leadership in Eye Care (ACO-PHLEC)

Personal details (as registered with APHRA/ODOB)

For details of course commencement dates see www.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 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-PHLEC in New Zealand

NO

YES

| PAYMENT TYPE | AU (INC GST) | NZ (GST EXEMPT) |
|-------------------------------------|--------------|-----------------|
| <input type="checkbox"/> ACO MEMBER | AUD \$2,141 | AUD \$1,947 |
| <input type="checkbox"/> NON MEMBER | AUD \$2,731 | AUD \$2,482 |

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 | <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:

ACO Education, 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