



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

# Application Form

## 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 AHPRA/ODOB)*

TITLE GIVEN NAME FAMILY NAME

PREFERRED NAME

DATE OF BIRTH GENDER  MALE  FEMALE  NON-BINARY  PREFER NOT TO SAY

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/](http://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.

**SEND YOUR APPLICATION TO:**

ACO Education  
374 Cardigan St, Carlton VIC 3053

Email: [acocot@aco.org.au](mailto:acocot@aco.org.au)  
Tel: +61 3 9349 7546

## 2022 Course fees

Applications received before 17 December 2021 are eligible for the early bird registration fee.

PAYMENT TYPE	AU (INC GST)	NZ (GST EXEMPT)
<b>EARLYBIRD</b>		
<input type="checkbox"/> ACO MEMBER	AUD \$9,661	AUD \$8,778
<input type="checkbox"/> NON MEMBER	AUD \$10,209	AUD \$9,272
<b>IN FULL</b>		
<input type="checkbox"/> ACO MEMBER	AUD \$10,002	AUD \$9,093
<input type="checkbox"/> NON MEMBER	AUD \$10,499	AUD \$9,545

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

A full refund will be given for withdrawals received four weeks prior to course commencement, less \$300 fee. Fees will not be refunded for withdrawals received less than four 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
- Option C:** EFT Payment

#### 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

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

CARD NUMBER             CVV    EXPIRY  /

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### OPTION C: EFT Payment

If you have selected this payment option, we will email you the EFT details upon receipt of your application.

#### 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 and repeat examinations.

NAME OF APPLICANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_