



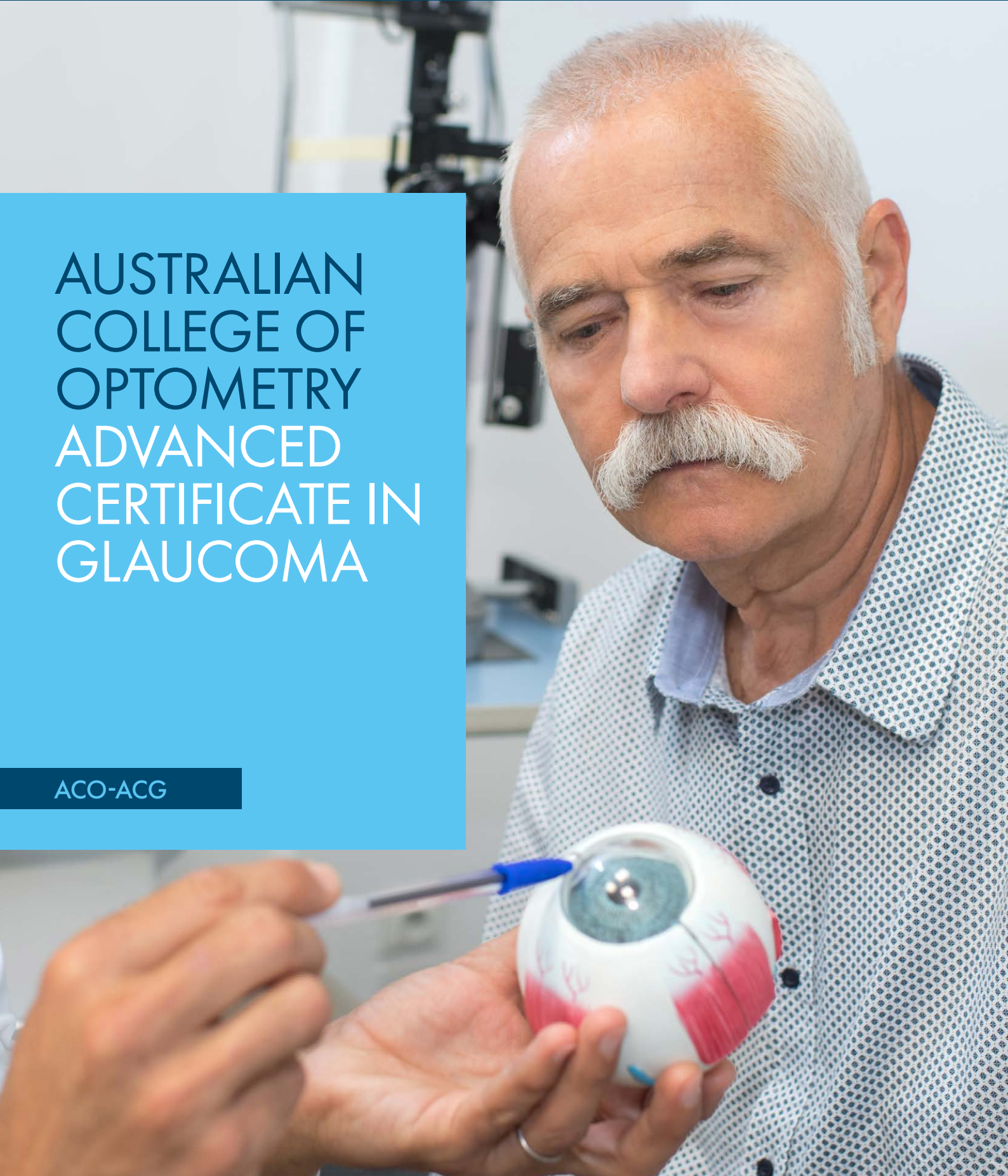
AUSTRALIAN COLLEGE OF
OPTOMETRY

CLINICAL SERVICES • RESEARCH • EDUCATION

Application form

AUSTRALIAN
COLLEGE OF
OPTOMETRY
ADVANCED
CERTIFICATE IN
GLAUCOMA

ACO-ACG



2022 Application for ACO Advanced Certificate in Glaucoma (ACO-ACG)

Personal details (as registered with AHPRA/ODOB)

TITLE	GIVEN NAMES	FAMILY NAME		
PREFERRED NAME	DATE OF BIRTH	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/> PREFER NOT TO SAY	
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. Membership is for January to December (renewable annually).

2022 Course fees

PAYMENT TYPE	AU (INC GST)	NZ (GST EXEMPT)
<input type="checkbox"/> ACO MEMBER	AUD \$2,769	AUD \$2,517
<input type="checkbox"/> NON MEMBER	AUD \$3,570	AUD \$3,246

I will complete all of ACO-ACG in New Zealand NO YES

Please select one of the following payment options.

- Option A: Direct Debit my bank/building society/credit union
- Option B: my credit card account
- Option C: EFT Payment

I have read and understood the course information and cancellation policy (pg. 8)

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 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					

OPTION C: EFT Payment

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

Send completed application form to:

ACO Education, Australian College of Optometry, 374 Cardigan Street, Carlton VIC 3053
Phone: +61 3 9349 7477 Fax: +61 3 9349 7499 Email: cpd@aco.org.au Web: www.aco.org.au/education