



AUSTRALIAN COLLEGE OF
OPTOMETRY

CLINICAL SERVICES • RESEARCH • EDUCATION

CERTIFICATE IN ADVANCED CONTACT LENSES

ACO-CACL

COMMENCING
15 MAY 2023



2023 Application for ACO Certificate in Advanced Contact Lenses

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	
MOBILE	EMAIL			
<input type="checkbox"/> I am registered to practice optometry in Australia or New Zealand.				
My AHPRA/ODOB registration number is: _____		My OA Member number is: _____		
ORGANISATION		POSITION		

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 an ACO member, you can apply for Membership to claim the ACO Member rate for course fees. Membership application forms should be submitted with this course application. Membership forms are available from aco.org.au/members. Membership is for January to December (renewable annually).

2023 Course fees

PAYMENT TYPE	AU (INC GST)	NZ (GST EXEMPT)
<input type="checkbox"/> ACO MEMBER	AUD \$2,700	AUD \$2,430
<input type="checkbox"/> NON MEMBER	AUD \$3,400	AUD \$3,060

I will complete all of the course in New Zealand NO YES

Withdrawal policy

Notification of a candidate's intention to withdraw must be made in writing. Candidates will receive a full refund for withdrawals received 1 week prior to the course commencement, less \$250 administration fee. Fees will not be refunded for a withdrawal submitted after the course commencement.

I have read and understood the withdrawal policy.

Please select one of the following payment options.

- Option A: my credit card account
 Option B: EFT Payment

OPTION A: Credit card VISA MASTERCARD

CARD NUMBER CVV EXPIRY /

NAME ON CARD _____ SIGNATURE _____ DATE _____

OPTION B: 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

