

2020 Application for ACO Certificate in Advanced Contact Lenses (ACO-CACL)

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: _____

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

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). Pro-rata ACO membership fees do not apply when enrolling in a certificate level course.

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-CACL in New Zealand

NO

YES

PAYMENT TYPE	AU (INC GST)	NZ (GST EXEMPT)
<input type="checkbox"/> ACO MEMBER	AUD \$2,134	AUD \$1,940
<input type="checkbox"/> NON MEMBER	AUD \$2,717	AUD \$2,470

Please select one of the following payment options.

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

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

OPTION B: 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 C: Credit card

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 complete application form together with payment to the details below:

Professional Development Division, Australian College of Optometry, 374 Cardigan Street, Carlton VIC 3053
Phone: +61 3 9349 7477 Fax: +61 3 9349 7559 Email: cpd@aco.org.au Web: www.aco.org.au/education