

2020 Application for ACO Advanced Certificate in Children's Vision (ACO-ACCV)

Personal Details (as registered with AHPRA/ODOB)

For details of course commencement dates see www.aco.org.au/WgLSfja

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: _____

Withdrawal from the Course and Fee Refund

The following terms apply in relation to candidate withdrawal from the course and refund of fees:

1. Notification of a candidate's intention to withdraw must be made in writing. Confirmation of receipt of this notification will be provided by the ACO.
2. Candidates will receive a full refund for withdrawals received prior to 27 December 2019, less \$250 administration fee.
3. Fees will not be refunded for withdrawals received after 27 December 2019.

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-ACCV in New Zealand	<input type="checkbox"/> NO	<input type="checkbox"/> YES
PAYMENT TYPE	AU (INC GST)	NZ (GST EXEMPT)
<input type="checkbox"/> ACO MEMBER	AUD \$2,453	AUD \$2,230
<input type="checkbox"/> NON MEMBER	AUD \$3,135	AUD \$2,850

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 (a 2% credit card surcharge will apply)

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 (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"/>
NAME ON CARD	SIGNATURE		DATE					

How to lodge your application: Send completed application form together with payment to the details below:

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