



# STUDENT AND NEW GRADUATE MEMBERSHIP APPLICATION FORM 2011 / 12

Please return completed form to **PO Box 1104 Greythorn VIC 3104** T: 03 9857 9390 F: 03 9011 6237 E: [office@orthoptics.org.au](mailto:office@orthoptics.org.au)

## Personal Details

<b>Title</b>	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<b>MOA</b>
<b>Given Name</b>				<b>Surname</b>	
<b>Maiden Name</b>				<b>DOB</b>	/ /
<b>Home Address</b>					
<b>Suburb</b>		<b>Postcode</b>		<b>Country</b>	
<b>Home Phone</b>	(0 )	<b>Work Phone</b>	(0 )		
<b>Mobile</b>				<b>Email*</b>	

Please confirm the State or Territory in Australia where you work if working \_\_\_\_\_

\* Please note that the OA communicates extensively via email and that a current email address will ensure you are kept up to date with all announcements

## Course Details

**Institution enrolled:** \_\_\_\_\_

**Qualifications / Degree enrolled:** \_\_\_\_\_

**Current year of study** (e.g 2nd): \_\_\_\_\_ **Year of completion/Proposed year of completion:** \_\_\_\_\_

## Membership Category

- Student** - I hereby state that I am an undergraduate student enrolled in an orthoptic course.
- New Graduate** - I hereby state that I have qualified with an orthoptic degree within the last two years.

## Membership Declaration

In applying for membership I declare that the information I have provided is a true and accurate record. I agree for the Association to confirm my enrolment with the relevant institution and agree to be bound by the rules of the Association for the time being in force.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Membership Details for Publication in OA Directory

<b>Given Name</b>		<b>Surname</b>	
<b>Mobile</b>		<b>Email</b>	
<b>Membership Category</b>	<input type="checkbox"/> New Graduate <input type="checkbox"/> Student		

## Workplace Details for Publication in OA Directory (only for New Graduates to complete where applicable)

Please complete one section for each place of employment using the below coding.

### Session Code

1 = am Monday      7 = am Thursday  
 2 = pm Monday      8 = pm Thursday  
 3 = am Tuesday      9 = am Friday  
 4 = pm Tuesday      10 = pm Friday  
 5 = am Wednesday    11 = am Saturday  
 6 = pm Wednesday    12 = pm Saturday

### Clinic Type Code

H = Hospital      LV = Low Vision Agency  
 P = Private Practice    M = Management  
 S = Self Employed      O = Other  
 E = Educational Institution  
 R = Research  
 CS = Community Screening  
 T = Clinical Placements Teaching

### WORKPLACE 1

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>		<b>Postcode</b>	
<b>Country</b>			
<b>Phone</b>	(0 )	<b>Fax</b>	

### WORKPLACE 2

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>		<b>Postcode</b>	
<b>Country</b>			
<b>Phone</b>	(0 )	<b>Fax</b>	

### WORKPLACE 3

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>		<b>Postcode</b>	
<b>Country</b>			
<b>Phone</b>	(0 )	<b>Fax</b>	

**WORKPLACE 4**

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>		<b>Postcode</b>	
			<b>Country</b>
<b>Phone</b>	(0 )	<b>Fax</b>	

**WORKPLACE 5**

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>		<b>Postcode</b>	
			<b>Country</b>
<b>Phone</b>	(0 )	<b>Fax</b>	