

Membership Application



Association of
Optometrists

protecting the professional
extending the profession

APPLICATION FOR MEMBERSHIP TO THE ASSOCIATION OF OPTOMETRISTS



SECTION A

APPLICANT'S DETAILS

Title	<input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>	<input checked="" type="checkbox"/> box	AOP ref. (AOP use only)	<input type="text"/>
Surname	<input type="text"/>				GOC No.	<input type="text"/>
Forenames	<input type="text"/>				Date of GOC registration	<input type="text"/>
Home address	<input type="text"/>				Date of birth	<input type="text"/>
	<input type="text"/>				Home phone	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>		Home fax	<input type="text"/>
Home e-mail	<input type="text"/>				Mobile phone	<input type="text"/>
Practice address	<input type="text"/>				Practice phone	<input type="text"/>
	<input type="text"/>				Practice fax	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>			
Practice e-mail	<input type="text"/>					

Optometric / Dispensing Qualifications	Date obtained
<input type="text"/>	<input type="text"/>

I wish to join the Association of Optometrists from (enter month) Membership Grade (See section G on page 4 for details on Membership Grades)

(NB. The Association's membership year runs from 1st January until 31st December)

	Home	Practice (tick <input checked="" type="checkbox"/> box)
Which address would you like all AOP correspondence sent	<input type="checkbox"/>	<input type="checkbox"/>
Which address do you want us to send OPTOMETRY TODAY	<input type="checkbox"/>	<input type="checkbox"/>
Which address do you want used for electoral purposes: (NB. This will determine your Constituency for the election of Councillors)	<input type="checkbox"/>	<input type="checkbox"/>

Please specify your occupational position in practice (Please tick box for all that apply)

Independent Practice:	Corporate Practice:	Other:
Sole Practitioner <input type="checkbox"/>	Partner <input type="checkbox"/>	Director <input type="checkbox"/>
Full-Time Employee <input type="checkbox"/>	Part-Time Employee <input type="checkbox"/>	Full-Time Employee <input type="checkbox"/>
Full-time Locum <input type="checkbox"/>	Part-time Locum <input type="checkbox"/>	Part-Time Employee <input type="checkbox"/>
		Full-time Locum <input type="checkbox"/>
		Part-time Locum <input type="checkbox"/>
		Hospital <input type="checkbox"/>
		Lecturer <input type="checkbox"/>
		Administrator <input type="checkbox"/>

Have you prior to applying for membership of the Association of Optometrists practised optometry in any country other than the United Kingdom? Yes No If yes which country?

SECTION B

DATA PROTECTION AND DECLARATION

The data collected will only be used to maintain membership records and, in accordance with the Association of Optometrists' Memorandum of Association, send members information relevant to them on membership, professional practice, products and services. Personal details will be held on computerised and paper-based systems. We may on occasions allow approved third parties to contact you with relevant professional information or details of useful products or services.

Tick the relevant box(es) to allow the AOP to pass your details on to approved third parties to contact you with relevant information or particulars of useful products or services by:- Email or text Post or fax

To the Board of Directors of the Association of Optometrists

I hereby apply for admission to membership of the Association and agree to abide by its Memorandum and Articles and rules made hereunder. I declare that to the best of my knowledge and belief there are no outstanding or potential claims against me or circumstances which might give rise to a claim in respect of professional negligence or product liability. I am in sympathy with the aims and objects of the Association. I declare the above statements are true. I accept that any false declarations will void my membership and any associated insurance policy.

Signed	<input type="text"/>	Date	<input type="text"/>
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SECTION C

ELECTORAL INFORMATION

The Council: Members vote for councillors to represent their interests on the Council. You vote for candidates in two categories: someone from your area and someone who practises in the same way as you do. You need to choose which geographical and functional constituencies you are in. Please tick **one** of the boxes under “Constituencies by Locality” and **one** under “Constituencies by Function”.

Standing for election to the AOP Council. If you wish to stand for election, you must be nominated and seconded to stand by members whose constituencies (locality or function) you will represent. Councillors by function must have the same voting constituency (mode of practice) as the members they represent. Councillors by locality may come from any geographical constituency, provided they are nominated and seconded by members who vote in that constituency.

CONSTITUENCIES BY LOCALITY (geographical boundaries based on health authorities/boards)

TICK YOUR CONSTITUENCY	CONSTITUENCY NUMBER	HEALTH AUTHORITY OR BOARD	TICK YOUR CONSTITUENCY	CONSTITUENCY NUMBER	HEALTH AUTHORITY OR BOARD
	1	South West Peninsula/Somerset & Dorset/Channel Islands		15	South Yorkshire/ West Yorkshire
	2	Hampshire & Isle of Wight		16	North & East Yorkshire and Northern Lincolnshire
	3	Surrey & Sussex/ South West London		17	County Durham & Tees Valley/ Northumberland, Tyne & Wear
	4	Kent and Medway/ South East London		18	Cumbria & Lancashire & Isle of Man
	5	Essex/North East London		19	Ayrshire & Arran/Dumfries & Galloway/Lanarkshire
	6	Norfolk, Suffolk & Cambridgeshire		20	Borders/Lothian/Fife
	7	Bedfordshire & Hertfordshire/ North Central London		21	Greater Glasgow
	8	North West London		22	Argyle & Clyde/Forth Valley/ Highland/Western Isles
	9	Thames Valley		23	Grampian/Orkney/Shetland/Tayside
	10	Avon, Gloucestershire & Wiltshire/ West Midlands South		24	South East Wales
	11	Birmingham & the Black Country Shropshire & Staffordshire		25	Mid and West Wales
	12	Leicestershire, Northamptonshire & Rutland/Trent		26	North Wales
	13	Cheshire & Merseyside		27	Northern Ireland – Eastern/ Northern Ireland – Northern
	14	Greater Manchester		28	Northern Ireland – Southern/ Northern Ireland – Western

CONSTITUENCIES BY FUNCTION (modes of practice)

Please tick one box next to the function which describes your main mode of practice. (If more than one box is ticked, the first box will be registered).

- Employed optometrist.** An AOP member in general optometric practice (which will be taken to include those working in universities) who does not own or have a beneficial interest in the ownership of the practice concerned, and is not working as such in a self-employed capacity.
- Self-employed optometrist.** An AOP member in general optometric practice who owns, or has a beneficial interest in the ownership of the practice concerned, or is working as such in a self-employed capacity, or who sells his or her services as an optometrist on a self-employed basis.
- Hospital optometrist.** An AOP member who is a full-time or part-time optometrist employee of an NHS Trust, NHS Primary Care Trust, Health Authority or Health Board.
- Dispensing optician.** Any AOP Dispensing Optician member.

SECTION G

MEMBERSHIP GRADES

OPTOMETRISTS

Full

The normal AOP membership grade

Full Reduced

This grade is available for newly qualified optometrists for the remainder of their first year of registration.

Full Concessionary

Carries all of the "Full" benefits, but only applicable to optometrists who can answer yes to the following question:
Do you work 100 days or fewer in the calendar year as an optometrist or optometric adviser or manager of an optometric business or LOC/AOC advisor?

Career Break

Applies only to those who have been Full members, but are now undertaking no examinations and intend to return to the profession in the future.

Overseas Insured

May be available to cover members working abroad, but not in the USA or Canada. Cannot participate in elections to Council.

Overseas Concessionary

Available for members who work overseas but wish to remain on the GOC Register. Provides no insurance cover for overseas work but allows the member to work up to 100 day in the UK.

DISPENSING

Dispensing Associate

The normal grade for Dispensing Optician members. Associate members have all of the "Full" benefits.

Dispensing Reduced

This grade is applicable for the remainder of the year of registration.

Dispensing Concessionary

Carries all of the "Full" benefits, but only applicable to dispensing opticians who can answer yes to the following question:
Do you work 100 days or fewer in the calendar year as a dispensing optician or optometric adviser or manager of an optometric business or LOC/AOC advisor?

OTHER

Retired

Insurance to cover claims which may be brought in respect of professional negligence prior to retirement. This is provided upon notification of retirement at the cost of one year's full membership fee to existing members with five years' continuous membership immediately preceding retirement. Cover will be provided for the rest of the member's life.

Deceased

Insurance for the deceased's estate to cover claims which may be brought in respect of the member's professional negligence. This is provided upon notification of a member's death at the cost of one year's full membership fee, where the member had five continuous years of membership immediately preceding death.

Honorary

Given free of charge to people who have contributed a significant effort on behalf of the AOP or the profession. Cannot participate in elections to Council. Where the award is given to optometrists or dispensing opticians who continue to practise, they may pay a nominal fee to continue their professional indemnity insurance and to participate in AOP Council elections.

STUDENT

Student

All undergraduate students of optometry at UK universities are automatically members free of charge. Students undertaking their pre-registration training must inform the AOP of their contact details in order to continue their free student membership.

OPTOMETRY GIVING SIGHT

is

The AOP's Official Charity of Choice



300 million people are estimated to be blind or partially sighted simply because they do not have access to an eye exam and a pair of glasses.

Optometry Giving Sight funds long-term sustainable programmes which train local eyecare professionals, develop infrastructure and deliver eye care and glasses to those in desperate need.

Optometry Giving Sight raises funds in support of the goal of VISION 2020: The Right to Sight by providing funding to non-government organisations who deliver sustainable in country programmes in refractive error in low vision.

The AOP does not make financial donations to any charities. Our income belongs to our members and must be used for their benefit. However, we strongly urge all our members to consider support Optometry Giving Sight. There is a tick box on the form overleaf, please make a donation and tick "YES TO OGS".

Optometry Giving Sight is a joint fundraising initiative of the World Optometry Foundation, the International Agency for the Prevention of Blindness and the International Centre for Eyecare Education.

It is optometry's opportunity to make a difference and give sight, and hope, to millions in need.

GIVE SIGHT GIVE NOW

www.givingsight.org

For more information contact Optometry Giving Sight at the AOP, call us on 020 7549 2000 or email us at uk@givingsight.org



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