



2020 AOP student representative application form

Please note this is an application for the position of student representative and not for an AOP student council representative.

Full name	
Term time email	
Personal email	
Mobile number	
University	
Current year	

REFERENCES

Please give two references below, at least one should be a lecturer at your university. Please seek permission before adding your referee's details. Please note, if your application is taken through to stage two, your lecturer will be contacted. Individuals with no prior work experience may list school or volunteer-related references.

Referee 1		Referee 2	
Name		Name	
Email		Email	
Contact number		Contact number	
Relationship		Relationship	

MORE ABOUT YOU

Briefly explain why you decided to study optometry (300 words max.)

In no more than 300 words summarise any special skills and qualifications you have gained from employment, volunteer work or through other activities, including hobbies or sports. Explain how you would use these acquired skills and qualification in your role as a student representative.

Are you currently involved in any other optometry related groups/associations/societies etc? If yes, please state which.

Are you able to commit to at least five days a year for the following related events and meetings?

- 100% Optical and AOP Awards **
- Annual student rep meeting **
- Freshers event (at your own university)
- Third Year legal lecture (at your own university)
- Career evening (at your own university)

Yes No

*Subsidised by the AOP

** Reasonable travel expenses subsidised by the AOP

Please feel free to attach any documents that you feel will support your application.

Number of pages attached

HOW WE USE YOUR PERSONAL DATA

We will only use your personal information to review your application. You will be contacted at each stage of your application.

Your data will NOT be passed onto any third parties without your permission. This form will be deleted after 12 months, from the date below.

By submitting this application, I confirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student representative, any false statements, omission, or other misrepresentations made by me on this application form may result in instant dismissal.

Signature of applicant

Date

Please return this application and all supporting documents by Monday 15 October 2019