

## SECTION A

## APPLICANT'S DETAILS

Title  Gender: Male  Female  (✓ box) Mobile no.

Forename  Home no.

Middle name  Work no.

Surname  Date of birth 

D	D	M	M	Y	Y	Y	Y
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GOC no.  Date of GOC registration 

D	D	M	M	Y	Y	Y	Y
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Home address

Postcode

Work address

Postcode

Which address would you like membership correspondence sent? Home  Work

Which address would you like us to send Optometry Today? Home  Work  Opt out

Home email

Work email

Which email address would you like us to use for contacting you? Home  Work  Opt out

I wish to join the Association of Optometrists from (only enter 1st of current month or 1st of next month)  Membership grade\* (See page 2)   
\*Member grade must be based on your most current qualification even if studying  
 (NB. Our membership year runs from 1st January until 31st December. Your insurance cover will start from the 1st of the month stated)

Why are you joining the AOP? Eg medical malpractice insurance, legal services, clinical support, to join a respected membership body, *Optometry Today (OT)* or CET

What prompted you to join? Eg word of mouth, post, phone, *Optometry Today*, event, advertisement or online

### Ethnicity

White  Mixed/multiple ethnicity  Asian/Asian British  Black/African/Caribbean/Black British  Prefer not to say

Other ethnic group

### Education and qualifications

University attended

**Qualifications obtained** (tick all that apply)

BSc/BSc (Hons)  Date 

D	D	M	M	Y	Y	Y	Y
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 MCOptom  Date 

D	D	M	M	Y	Y	Y	Y
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 FBDO  Date 

D	D	M	M	Y	Y	Y	Y
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Provide all other relevant qualifications and the dates obtained

### Work

Independent practice	Corporate practice	Other	Not working
Practices owned and operated by individuals or partners that are not part of a franchise or joint venture agreement	Practices that operate as part of a franchise or joint venture agreement or as wholly-owned subsidiaries of larger corporations		
Sole practitioner <input type="checkbox"/>	Director <input type="checkbox"/>	Hospital <input type="checkbox"/>	Student <input type="checkbox"/>
Partner <input type="checkbox"/>	Full-time employee <input type="checkbox"/>	Supervisor <input type="checkbox"/>	Career break <input type="checkbox"/>
Full-time employee <input type="checkbox"/>	Part-time employee <input type="checkbox"/>	Administrator <input type="checkbox"/>	Searching for a job <input type="checkbox"/>
Part-time employee <input type="checkbox"/>	Full-time locum <input type="checkbox"/>	Researcher <input type="checkbox"/>	
Full-time locum <input type="checkbox"/>	Part-time locum <input type="checkbox"/>	Industry/professional body <input type="checkbox"/>	
Part-time locum <input type="checkbox"/>	Director of the company itself <input type="checkbox"/>	Lecturer <input type="checkbox"/>	
Director of a ltd company <input type="checkbox"/>	Director of a JVP <input type="checkbox"/>	Optometric adviser <input type="checkbox"/>	
	Franchise holder <input type="checkbox"/>	NHS clinical work <input type="checkbox"/>	



**Practising abroad**

Prior to applying for membership of the Association of Optometrists have you ever practised optometry in any country other than the United Kingdom?

Yes  (If yes which country?)

No

**Issues to declare**

It is a requirement of applicants for membership of the Association that they declare, at the time of application, any existing or known potential issues which might require AOP assistance. Such issues will automatically be excluded from the benefits of membership unless specifically advised otherwise.

The existence of such an issue does not mean that membership would be refused. If in the future it becomes clear that a member was aware of such an issue at the time of application for membership and did not declare it, then the member's insurance cover may be invalid. The AOP will in such circumstances exercise its discretion as to existing and future cover and membership.

I have nothing to declare

I have something to declare  (Please complete page 6)

**Please read and tick if applying for Concessionary membership:**

Concessionary membership is available to practitioners who practise for 100 days a year in a calendar year (any work carried out on a day equates to one day). 'Practise' includes all work undertaken as an optometrist or dispensing optician, including work as an optometric adviser and work undertaken for employers who have company insurance schemes. You may not pick and choose which days you wish the AOP's insurance to cover and rely on a different scheme for other days.

Optometrists and dispensing opticians who teach and supervise optometry and dispensing optics students in a university need not include teaching and supervising days undertaken in the university within the 100 day limit.

I am applying for Concessionary membership and declare the above statements are true. I accept that any false declarations will void my membership and any associated insurance policy

**Please read and tick if applying for Lay Practice Owner (medical malpractice) cover:**

Lay Practice Owner (medical malpractice) covers optometry and dispensing optics businesses in respect of claims for medical malpractice arising out of the acts or omissions of optometrists, dispensing opticians and ophthalmic medical practitioners working in the business as employees or locums and the work of unqualified staff under their supervision.

It is a condition precedent to this right of indemnity that:

- (a) all the optometrists who are employed or engaged by the business are AOP members; and
- (b) the business seeking the insurance shall check the qualifications, credentials and malpractice insurance details of each qualified employee or locum and ensure that they thereby qualify to work in the practice. The business seeking the insurance will ensure that when they leave the practice qualified employees and locums will maintain their insurance cover for claims that may arise in respect of the work they have undertaken in the business prior to leaving and provide for this in their contract of employment or contract for services.

I am applying for Lay Practice Owner (medical malpractice) cover and declare the above statements are true. I accept that any false declarations will void my insurance policy

Lay Practice Owner (medical malpractice) cover is not eligible for any membership benefits aside from medical malpractice insurance.

**Signature**

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 Membership Byelaws and Articles and rules made hereunder. I have given details in writing on page 6 if there are any:

- Outstanding or potential claims against me or complaints about me
- Employment issues or complaints involving me
- Outstanding or potential claims or complaints against any of my practices (if I am a practice owner or director)

Signed

Date

**Full terms and conditions of membership are available at [www.aop.org.uk/terms-and-conditions](http://www.aop.org.uk/terms-and-conditions)**

## Declaration – further details

I wish to declare the following issue:

- To the best of my knowledge and belief, there are no other outstanding or potential claims against me or complaints about me. If I am a practice owner or director, I declare that there are no further outstanding or potential claims against any of my practices. In relation to employment matters, I declare that I am unaware of any other current issues that involve me. I am in sympathy with the aims and objectives of the Association.