

# ASSOCIATION OF OPTOMETRISTS IRELAND

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Association of  
Optometrists Ireland

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APPLICATION FOR MEMBERSHIP

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## APPLICANT'S DETAILS

Surname:

First Name(s):

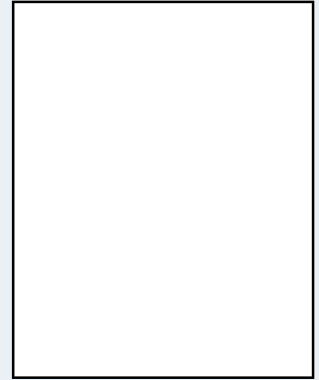
Address:

Date of Birth:  Optical Registration Board Number:

Optometry Qualifications:

Awarding body:

Other Qualifications:



## PROPOSAL OF APPLICANT

Every applicant must be proposed and seconded by two A.O.I. Members who themselves have been members for at least two years at the time of signing this form. Associate members may not propose or second nor does any Associate Membership period count towards the two year requirement.

Proposer's Name:

Date Elected:

I have known the applicant for \_\_\_\_ years and \_\_\_\_ months. I propose him/her as a suitable person for membership of the Association of Optometrists Ireland.

Signature:  Date:

Seconder's Name:

Date Elected:

I have known the applicant for \_\_\_\_ years and \_\_\_\_ months. I second the above proposal of him/her as a suitable person for membership of the Association of Optometrists Ireland.

Signature:  Date:

## DECLARATION:

*I have read and understood the Articles, Rules, Regulations and Code of Ethics and Practice of the Association of Optometrists Ireland and I agree to be bound by them. I hereby apply to be elected a member of the Association of Optometrists Ireland and enclose herewith the appropriate fees:*

**Applicant's Signature:**  **Date:**

## FEES

The Application must be accompanied by payment of appropriate fees:

Membership Subscription €   
Professional Indemnity insurance (if applicable - see Note on page 4) €   
**Total** €

Cheque enclosed:  Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_  
Visa / Mastercard / Laser:  CVV Number \_\_\_\_\_

## FELLOWSHIP SECTION

(This section only applies to D.I.T. graduates)

If I am elected to membership and I have passed the Association's Professional Qualifying Examinations I also wish to be admitted to Fellowship of the Association of Optometrists Ireland, with the approval of the Council. (Article 7c)

Applicant's Signature

Date

Please indicate exactly how you would like your name to appear on your Fellowship Certificate (block capitals)

## OTHER INFORMATION

Telephone Number

(Daytime): Mobile Tel. Number:

Email Address:

If not applying for

A.O.I. Group Scheme Professional Indemnity cover please give details of P.I.I. Provider:

Employee?

Self Employed?

GOC number (if applicable):

## LEVY SECTION

Explanatory Note:

The Levy scheme was adopted by the members at the AGM of 1978 and has been running since then. Participating members agreed to a deduction at source of 1.0% of the periodic claim amounts from the Department of Social and Family Affairs and the General Medical Services Payments Board. There is an annual cap on each scheme.

These funds are used to augment the annual subscriptions to facilitate special projects, especially in the PR & Marketing area, for the benefit of members. Some projects are designed for the exclusive benefit of Levy scheme participants.

The Levy funding is essential to ensure that adequate financing is available to continue the future development of the Association and of optometry in general. All practice owners are asked to support it.

You may not currently be a practice owner in receipt of state payments but you are requested to sign the declaration to express solidarity with the concept and in case you can contribute in the future.

### Levy Agreement

*I have read the above explanatory note and I hereby authorise the Department of Social, Community and Family Affairs and the General Medical Services Board to make the agreed deductions from payments made to me by them.*

Signature:

Date:

## OFFICE USE ONLY

Proposer: \_\_\_\_\_ Seconder: \_\_\_\_\_ Fees: \_\_\_\_\_ PQE: \_\_\_\_\_ Opt. Board: \_\_\_\_\_ Levy \_\_\_\_\_  
Ref. 1 \_\_\_\_\_ Ref. 2 \_\_\_\_\_ All ID \_\_\_\_\_ PII Decl. \_\_\_\_\_ AOI Inits: \_\_\_\_\_

## NOTES FOR APPLICANTS

### Category 1 – D.I.T. Graduates Applying for Fellowship of A.O.I. within on year of graduation:

1. You must be proposed and seconded by two members of the Association. Each of these must have been a full member of the Association for at least two years at the time of proposing/seconding the application.
2. Either your proposer or seconder (not both) may be a staff member of the Dept. of Optometry in D.I.T.
4. Membership is free for the AOI year\* following graduation. If Professional Indemnity Insurance is also sought the premium must be paid at the time of application.

\*(The AOI membership year is from 1st August - 31st July. The free year applies to the AOI year commencing on 1st August following the normal DIT graduation time and when the PQE examinations have been successfully completed. Eligibility will end on the following 31st July regardless of commencement time.)

### Category 2 – Other Applicants for Membership (not in Category 1):

1. You must first be registered with the Optical Registration Board of CORU.
2. You must be proposed and seconded by two members of the A.O.I. in good standing, each of whom must have been a full member of the Association for at least two years at the time of proposing/seconding the application.
3. You must supply two up to date references as follows:
  1. A letter of good standing from the relevant regulator (usually CORU or GOC)
  2. One of the following:
    - Current or previous employer.
    - Member of the A.O.I. in good standing, who has been a full member for at least two years, and known in a professional capacity to the applicant for at least six months. (Need not be an employer.)
    - Trade reference.

(All references must be supplied by a person who has known the applicant in a professional capacity family members may not be used for a reference unless the applicant has worked officially in practice with that member). Referees do not have to be A.O.I. Members unless stated.

The association reserves the right to contact referees to discuss the applicant in detail. All referee details should include a daytime telephone number at which they can be contacted with regard to this application.

Proposer and Secunder may provide references provided they fit one of the categories listed above)

4. If you intend to purchase Professional Indemnity cover through the A.O.I. Group Scheme you must sign the Group Scheme Declaration Form of no known claims.
5. If you will be covered by another P.I.I. Scheme you must supply details of it with the application form.
6. A copy of photographic I.D. must be supplied, e.g. copy of drivers licence, copy of passport, copy of students card.
7. Enclose a passport-sized recent photograph.

### NOTE ON P.I.I. AND FITNESS TO PRACTICE (FTP) INSURANCE

It is a condition of membership that every practising member have Professional Indemnity Cover. If an applicant indicates that they wish to avail of the A.O.I. Group Scheme their cover becomes active the day following their election to membership provided the premium has been received. Applicants with other P.I.I. Cover must submit details with the Application Form. The Council reserves the right to investigate the adequacy of such cover if it so wishes.

AOI membership subscriptions include cover for legal fees, including advice and representation, for a FTP complaint that is made against a member to the regulator CORU.