



Association of
Optometrists Ireland

Membership / Fellowship Application Form

*Sight for life,
Vision for the future*



For assistance with this application form or for details regarding fees etc. you can contact the AOI office at the details shown below.

Checklist	Applicant	Office Use
Consent		
Proposer		
Seconder		
Fee(s)		
AOI PII Cover		
Levy		
Membership		
Fellowship		
Good standing		
Reference(s)		
CORU Registration		

Association of Optometrists Ireland
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Section a. CONSENT

The Association of Optometrists Ireland takes your privacy very seriously. We only use your personal data, as provided to us by you, to administer your accounts and to provide to you or arrange to have provided to you the products or services that you have requested. For full details of how we handle your personal data see our Privacy Policy at <http://www.optometrists.ie/privacy>

We would also like to contact you from time to time with details of other services or offer that we think would be of interest to you. **IF YOU CONSENT TO US DOING SO**, please state how you would like to receive such contact by ticking any that apply. If you wish to change your contact preferences in the future you can do so by contacting the AOI office.

POST eMail Telephone SMS

We will not share your information for marketing purposes with any third party without your explicit consent. (Please note that according to the Articles of Association, notification for the AGM / Elections will be by email)

I have read and understood the Articles, Rules, Regulations and Code of Ethics and Practice of the Association of Optometrists Ireland; and having read these I agree to be bound by them as a condition of membership.

I, hereby apply to be elected as a member of the Association of Optometrists Ireland and enclose herewith the appropriate fees.

Applicant's Signature: Date:

Section b. Applicant's Details

Please use capitals to enter your information below please:

Surname:			
First Name(s)			
Address:			
Please confirm that you are over 18:	Yes / No	Optical Registration Board Number (if available)	
Qualification(s)			
Awarding Body			
Contact phone number:		Other phone number (e.g. landline)	
E-mail address:			
Professional Indemnity Insurance	Tick & Initial here if you want to take AOI PII Cover		Tick & Initial here if you do not want AOI PII cover
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section c. Proposal of Applicant

According to the Articles of Association, every applicant for membership must be proposed and seconded by two AOI members who have been full members for at least two years at the time of signing this form.

Proposers Name:	
Proposers Signature	
Date	
Seconders Name:	
Seconders Signature:	
Date:	

Section d. Fellowship

If I am elected to membership, and have passed the Association of Optometrists Ireland Professional Qualifying Examinations; I wish to apply also apply for Fellowship of the Association as per the Articles of Association.

Having been an ordinary member of the Association of Optometrists Ireland, with the affix MAOI, I now wish to apply for Fellowship according to the Articles of Association. I have enclosed the relevant information as agreed by Council.

Applicant's Signature:

Date:

Section e. Levy

The Levy scheme was adopted by members at the AGM of 1978 and has been running since then. Participating members agreed to a deduction at source of payments from the GMS (Medical Card) and Treatment Benefit (PRSI) schemes. The amount is capped annually and both the cap & percentage deducted can only be changed by vote of the AGM. The funds raised by the levy augment the annual subscriptions and are used to facilitate special projects on behalf of the profession. Some of these projects and initiatives are exclusive to those participating in the levy or offered at a reduced rate to levy payers. All practice owners are asked to support the levy. You may not be a practice owner at the moment, but you are requested to sign a declaration to express solidarity with the concept; you may then be in a position to contribute if you open a practice.

LEVY AGREEMENT: I have read the statement above and I hereby authorise the Primary Care Reimbursement Service (PCRS) and the Department of Employment Affairs and Social Protection to make the agreed deductions from payments made to me by those bodies.

Applicant's Signature:

Section f. References

There are two categories of applicant a. Category 1= DIT Graduates applying for membership / Fellowship within 12 months of graduation b. Category 2- all other applicants

Category 1 (DIT Graduates)

- 1) You must be proposed and seconded as per Articles of Association (See C. above)
- 2) Only one of the proposer or seconder may be a staff member of DIT
- 3) Membership for the first year following graduation is free to DIT graduates. This applies to the AOI business year (which starts 1st August – ends 31st July) following the year that you graduate from DIT and complete the PQE process.

Category 2 (All other applicants)

- 1) You must be registered with the Optical Registration Board (if practicing in Ireland) or the equivalent competent authority if making an overseas application.
- 2) You must be proposed and seconded by two members of the AOI as per the Articles of Association (see Section C above).
- 3) You must supply at least two up to date references (including contact details)-
 - a. Letter of good standing from relevant competent authority e.g. GOC, CORU
Plus one of the following
 - a. Employer reference (current employer or previous employer if self-employed)
 - b. AOI member in good standing who is a full member in good standing and has known the applicant in a professional capacity for at least six months; who is not a family member.
 - c. Trade reference

The Association reserves the right to contact referees to discuss matters relevant to the application for membership. All references should include telephone contact details and the applicant should make sure that the referee has consented to be contacted. Family members may not be used to provide a reference in any manner; however, family members may be used to propose or second an application.

Section g. Code of Conduct & Ethics

1: All members must comply with the relevant CORU Code of Conduct & Ethics (for optometrists / dispensing opticians as applies). For some members (e.g. retired / overseas), this is not may not be a statutory requirement should be considered in light of the Articles of Association 19. (a) "...to observe the ethical principles of the Association."

2: All members should regularly review the CORU Code of Conduct & Ethics (CCC&E) and be aware of how to access this (either in hardcopy or online version).

3: The CCC&E requires all advertising to be "truthful, accurate and lawful". Advertising and marketing materials that feature the professional affix, logo or crest of the Association should not be used to support political positions or claims of efficacy of treatments (or other claims) unless specifically endorsed by the Association.

4: Members must avoid denigrating or maligning the reputation or professional practice of another professional. Where concerns arise in relation to patient treatment or professional practice, the appropriate action is to make a complaint to the relevant regulator (i.e. CORU, Irish Medical Council etc.).

5: Members must be aware that confidentiality is not absolute and as per the CCC&E or Slainte agus Tiomaint- there are situations where public safety / public good outweighs patient confidentiality. Where a member is unsure of where their obligation lies, they should contact the Association for advice.

6: Members are responsible for the actions of staff working under their supervision and / or direction. Where tasks are delegated to support staff, members must ensure that they staff are adequately trained and supervised in the carrying out of the delegated tasks (as per CCC&E).

7: Where a patient, whose dispensed appliances were prescribed by another practitioner, reports non-tolerance, it is incumbent on a member, with the agreement of the patient, to endeavour to report the matter to the prescriber and agree on a course of action. The matter should be entered on the patient's record.

Section g. Fellowship

Please complete this section if you are an Ordinary Member who wishes to apply for the Fellowship of the Association. You must satisfy criteria as laid down by Council as per the Articles of Association. Please complete the statement below outlining the reasons why you feel that Council should consider your application for Fellowship. In the first instance your application will be reviewed before being submitted to Council for consideration. You may be asked to supply additional information or evidence before your application will progress. The final decision in relation to applications for Fellowship rest with Council.

Personal Statement / Application for Fellowship