

Application for Student Membership

To join Optometry Queensland Northern Territory as a Student Member, please complete this form and email to infoqld@optometryqldnt.org.au.

Personal Details

Title	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
Preferred First Name	<input type="text"/>	Gender	<input type="text"/>

Contact Details

Email Address
This will be the primary form of communication. Please avoid university email addresses if possible.

Home Address

Suburb State Postcode

☐ The above Home Address is also my Postal Address

Postal Address

Suburb State Postcode

Mobile Phone Number

Qualifications

☐ I am a current student at Queensland University of Technology (QUT)

☐ I am enrolled in the course Bachelor of Vision Science / Master of Optometry

Year of Study Expected Completion Year

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Declaration

I hereby apply for student admission to membership of Optometry Queensland & Northern Territory and agree, if approved, to adhere to the Rules and By-Laws of the Division. I acknowledge that once my qualification is complete and I become registered with the Optometry Board of Australia, to ensure continued membership I must reapply for full membership. I declare that all the information in my application is correct to the best of my knowledge, and that I know of no reason why I should not be accepted as a Student Member of Optometry Queensland & Northern Territory.

Code of Ethics

It shall be the ideal, the resolve, and the duty of the members of Optometrists Association Australia:

- to keep the visual welfare of the patient upper-most at all times;
- to promote in every possible way in collaboration with the association their educational and technical proficiency to the end that their patients shall receive the benefits of all acknowledged improvements in vision care;
- to hold in professional confidence all information concerning a patient and to use such data only for the benefit of the patient;
- to advise patients whenever consultation with an optometric colleague or other professional care seems advisable;
- to see that no person shall lack for visual care;
- to conduct themselves as exemplary citizens;
- to maintain practices in keeping with professional standards;
- to never advertise or suggest that in any way their qualifications, equipment or techniques are superior;
- to maintain and promote cordial and useful mutual relationships with members of their own profession and of other professions, for the interchanging of information for the advantage of their patients.

☐

I agree to the above Declaration & Code of Ethics

Signature of Applicant

Date

NOTE: Electronic signatures or typing your full name in the "Signature of Applicant" is acceptable.

