

# Application for Optometry New South Wales/Australian Capital Territory Career Break Membership

Career Break Membership is a highly-subsidised membership option for optometrists taking a complete break from work in the optometry industry for a minimum of 6 months (monthly fee payments only).

First name:

Surname:

Optometry New South Wales/Australian Capital Territory member number (six digits):

M

The purpose of my career break is:

Parental leave

Carer's leave

Extended overseas residency (not working in the optometry industry)

Full-time study (not working or studying in an optometry-related field)

Other (please specify below):

Declaration and terms continued on page 2.

## Declaration

Please read the following terms carefully, as they define the Career Break Membership category:

1. I intend to take my Career Break for 6 months or longer
2. I understand that if I return to work within 6 months of taking out Career Break membership that I may be charged at my working membership rate for the period I was on Career Break membership, with my monthly fees adjusted accordingly.
3. I will NOT be deriving income from work in the optometry industry in Australia, New Zealand or overseas during my Career Break. (Examples of work in the optometry industry include: traditional optometry roles as well as roles in ophthalmology practices, pharmaceutical or optical device companies, optometry education, NGOs, and non-clinical optometry roles such as practice manager)
4. I will NOT be involved in patient care, in a paid or unpaid capacity in Australia, New Zealand or overseas during my Career Break, regardless of whether or not I have alternative Professional Indemnity Insurance cover with another provider (e.g. via my employer).
5. I understand that while I am in the OA Career Break category, I am NOT insured to examine any patient on this cover and doing so will void my run-off PII cover, where applicable.
6. I understand that this membership category is available on the basis of monthly payments only.

## Signature

Please type your full name and the date below to sign that you understand and agree to the previous statements.

Signature (type full name or sign in the box below)

Date

## Submission

Please complete this form and email to your state division at [vision@oaansw.com.au](mailto:vision@oaansw.com.au)