



# ACADEMY FELLOWSHIP

## 1. REGISTRATION FORM

Please read the Application Guidelines before you complete this form and submit your application.

### Section R1: Personal Details

<b>Gender:</b> <i>Please tick</i> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Title:</b> <i>Please tick</i> <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	
<b>Forenames:</b>		<b>Family Name:</b>	
<b>Address:</b>			
<b>Town:</b>		<b>ZIP:</b>	<b>Country:</b>
<b>Telephone number:</b> <i>Country Code (    ) No: (    )</i>		<b>Mobile number:</b> <i>Country Code (    ) No: (    )</i>	
<b>Email address:</b>			
<b>Academy Individual Membership number:</b>		<b>Date of joining the Academy:</b>	

### Section R2: Short Biography (max 100 words)

*Please provide a short biography (max 100 words) that may be used in Academy press releases and on the Academy website to promote the Fellowship Programme. Please also attach a current photo that we can use.*

Fellowship category applying for:

Clinical     Research     Education     Professional

## Section R3: Declarations

### R3.1 Complaints Declaration

*Please tick ONE box. If you tick box B you must provide further details*

A  I confirm there no pending or upheld formal complaints, litigation or breach of professional conduct cases being taken against me.

OR

B  I declare that there are formal complaints, litigation, breach of terms of service, or referral to a relevant authority in my country being brought against me/have been brought against me, and I have declared these below:

### R3.2 Personal Declaration

*Please tick all boxes and sign and date to show your acceptance of these statements*

I confirm that all the information provided in my application is true and correct.

I have read the Fellowship Application Guidelines and understand:  
- that a Fellow is an individual recognised by the Academy who has made a significant contribution to the practice of optics, optometry or vision science at a local, national or international level as demonstrated in their submission for Fellowship;  
- that continued acknowledgment as a Fellows is dependent upon my individual Academy membership being maintained.

I agree to abide by the decisions, and any terms and/or conditions that may be determined by the Fellowship Working Group.

I agree that if my application is successful I will become an Ambassador for the Academy and to help support and promote its activities in a positive way.

I agree that if my application is successful, that the Academy may use my profile as a case study to help future applicants.

I agree that on receipt of the Academy's invoice, I will make immediate payment of my application fee of €250

I understand that if my application is unsuccessful the fee is non-refundable, but that I am eligible to reapply in 2019/2020 without further payment. Thereafter I agree to make a new application.

**Signed:**

**Date:**

#### Section R4: Application checklist:

*Please tick the appropriate boxes*

I have attached the following documents in application for Academy Fellowship:

- 1  Registration Form
- 2  Submission Form
- 3  Professional History/CV (max 3 pages)
- 4  Photo for publicity purposes
- 5  Other .....

#### Section R5: Academy Details

The information in this Registration Form will be kept confidential and will be used to:

- Process your application
- Compile statistics and undertake research
- Keep you updated with information about the Fellowship

For further information or if you any questions please contact:

European Academy of Optometry and Optics

E: [fellowship@eaoo.info](mailto:fellowship@eaoo.info)

---

*Official use Only:*

Date Received:

**Checked**

**Reference No. allocated:**