



ACADEMY FELLOWSHIP

1. REGISTRATION FORM

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

Section R1: Personal Details

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

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 2023/24 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: sonja.zinken@hu.nl

Official use Only:

Date Received:

Checked

Reference No. allocated: