



INTERNATIONAL  
ORTHOPTIC  
ASSOCIATION

## Application Form for Individual Membership - Open to Orthoptic students -

Orthoptic students seeking Student Membership of the International Orthoptic Association (IOA) are requested to complete this form in typescript and send it to the Chairman of the Membership Committee:

Daisy Godts  
Chairman Membership Committee  
Antwerp University Hospital, Dep. of Ophthalmology  
Wilrijkstraat 10  
B 2650 Edegem, BELGIUM  
Tel: +32 38 21 48 45  
Fax: +32 38 25 19 26  
E-mail: daisy.godts@uza.be

1. Family name:

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2. Given name:

.....

Male/Female: .....

3. Full address:

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.....

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Telephone: Work: .....

Mobile/Cell: .....

Email: .....

4. **Orthoptic Education:**

Name University/hospital/school: .....

Address: .....

Name of director of training program: .....

Email director of training program: .....

Date study started:.....

Months/Years of education: .....

5. What level of education is required to study orthoptics in your country?

Level of education: .....

- Is it equivalent to university entrance standards?

Yes                       No

- Is it equivalent to nursing school entrance standards?

Yes   -   What level of nursing education? Is it higher or lower?

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No

- Is it comparable to other professions allied health professions?

Yes                       No

**➔ PLEASE ENCLOSE A CONFIRMATION LETTER FROM THE DIRECTOR OF YOUR ORTHOPTIC TRAINING PROGRAM**

Date: .....

Signature: .....