

# ECOO European Diploma in Optometry

## First Application Form

Please fill in this application form in order to enrol **for the first time** for the European Diploma examination in optometry. This form need not be filled in for further applications.

Please return form and the required documents to: Zentralverband der Augenoptiker, Alexanderstraße 25a, D-40210 Düsseldorf, Germany.

Family name

First name

Title

Date of birth

Address

  
  

Telephone

Fax

Email

Please attach a copy of your professional qualification and include the following information:

Name of awarding body:

Country:

Date of issue:

Candidates who are still undergoing training should attach a letter of recommendation from the training institution and include the following information:

Name of institution:

proposed qualification:

Name of head of institution :

Signature

Date

### *FOR OFFICE USE ONLY*

Date received:

Examination registration approval:

Yes

No

Query

Comments:

**ECOO European Diploma in Optometry**  
**Registration Form for Written Examinations**

Please return this registration form to: Zentralverband der Augenoptiker (ZVA), Alexanderstrasse 25a, D-40210 Düsseldorf, Germany.

Deadline is July 31<sup>st</sup>, 20\_\_\_. No registration will be accepted after this date. **We do not accept registrations without payment. Payments by cheque will not be accepted!**

|  |   |  |
|--|---|--|
| <b>last name</b>   | <input style="width: 100%;" type="text"/>   |  |
| <b>first name</b>  | <input style="width: 100%;" type="text"/>   |  |
| <b>title</b>   | <input style="width: 150px;" type="text"/>  | <b>Date of Birth</b> <input style="width: 100px;" type="text"/>      |
| <b>address</b>   | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> |  |
| <b>phone</b>   | <input style="width: 100%;" type="text"/>   |  |
| <b>fax</b>   | <input style="width: 100%;" type="text"/>   |  |
| <b>email</b>   | <input style="width: 100%;" type="text"/>   |  |
| <p>I will take part in the following exams:</p>  |   |  |
| Part A Written Examination - 201_  |   | <input style="width: 50px; height: 20px;" type="text"/>              |
| Part B Written Examination - 201_  |   | <input style="width: 50px; height: 20px;" type="text"/>              |
| Part C Written Examination - 201_  |   | <input style="width: 50px; height: 20px;" type="text"/>              |
| <p>I will take the examination in:</p>   |   |  |
| English  | <input style="width: 30px; height: 20px;" type="text"/>   | French <input style="width: 30px; height: 20px;" type="text"/>       |
|  |   | German <input style="width: 30px; height: 20px;" type="text"/>       |
| <p>I declare that my statements above are correct and I agree with the examination rule of the ECOO-European Diploma in Optometry. The correct registration fee is enclosed in the form of a crossed cheque or has been transferred by bank.</p> |   |  |
| <b>Signature</b>   | <input style="width: 250px; height: 25px;" type="text"/>  | <b>Date</b> <input style="width: 150px; height: 25px;" type="text"/> |
| <b>FOR OFFICE USE ONLY</b>   |   |  |
| Date received:   | Fee:  | Receipt No:  |
| Entered on computer:   | Confirmation:   | Comments:  |

**ECOO European Diploma in Optometry**  
**Registration Form for Practical Examinations**

Please return this registration form to: Zentralverband der Augenoptiker (ZVA),  
Alexanderstrasse 25a, D-40210 Düsseldorf, Germany

Deadline is January 15<sup>th</sup>, 20\_\_\_. No registration will be accepted after this date. **We do not accept registrations without payment. Payments by cheque will not be accepted!**

|   |  |  |
|---|--|--|
| last name   | <input style="width: 100%;" type="text"/>  |  |
| first name  | <input style="width: 100%;" type="text"/>  |  |
| title   | <input style="width: 150px;" type="text"/> | Date of Birth <input style="width: 100px;" type="text"/> |
| address   | <input style="width: 100%;" type="text"/>  |  |
|   | <input style="width: 100%;" type="text"/>  |  |
| phone   | <input style="width: 100%;" type="text"/>  |  |
| fax   | <input style="width: 100%;" type="text"/>  |  |
| email   | <input style="width: 100%;" type="text"/>  |  |
| I will take part in the following exams:  |  |  |
| Part B Practical Examination - 2010_  |  | <input style="width: 50px;" type="text"/>                |
| Part C Practical Examination - 2010_  |  | <input style="width: 50px;" type="text"/>                |
| Part A Practical Examination - 2010_  |  | <input style="width: 50px;" type="text"/>                |
| I will take the examination in:   |  |  |
| English   | <input style="width: 30px;" type="text"/>  | French <input style="width: 30px;" type="text"/>         |
|   |  | German <input style="width: 30px;" type="text"/>         |
| I declare that my statements above are correct and I agree with the examination rule of the European Diploma in Optometry and Optics. The correct registration fee is enclosed in the form of a crossed cheque or has been transferred by bank. |  |  |
| Signature   | <input style="width: 250px;" type="text"/> | Date <input style="width: 150px;" type="text"/>          |
| <i>FOR OFFICE USE ONLY</i>  |  |  |
| Date received:  | Fee:                                       | Receipt No:  |
| Entered on computer:  | Confirmation:                              | Comments:  |