



# Associate Program

BENEFITS AND APPLICATION FORM



Look Forward.

### We'll help set you up for success

---

We know that buying an existing practice or starting one from scratch will be one of the biggest decisions that you will ever make. ProVision is here to help you every step of the way with advice on:

- buying an existing practice
- writing your first business plan
- determining your best product mix
- hiring your first team member
- setting up a new practice
- deciding on your "Why Choose Us?"
- creating your first marketing program
- analysing your financials

and much more.

### Turning your plan into a reality

---

If you have chosen to follow the independent optometry path, it is most likely because you would like to practice **your** way, perhaps with a focus on particular areas of interest. ProVision's sole purpose is to help independent optometrists succeed in this highly competitive market.

We have created **LaunchPro** to help new practice owners make the most important business decisions. LaunchPro is divided into 8 sections:

- **Business Plan to Reality** - setting up the most appropriate business structure, finance and legal.
- **Location, Location, Location** - guidance on leasing, practice fit out and creating a WOW experience for your patients.
- **Money Matters** - the importance of budgeting for profit and cash with templates to do so.
- **Your Dream Team** - the 10 step blueprint to creating your dream team.
- **Your Irresistible Offer** - helping you to efficiently access the right products from the best Australian suppliers.
- **360 degrees of Communication** - an optometry experienced marketing team at your service.
- **Keeping it Consistent & Legal** - getting your contracts and policies in order.
- **Your Launch Checklist** - a 100 point plan to ensure that you get the most important components for your new business in place at the right time.

# Associate Program Benefits and Conditions

## Be partnered with your own ProVision local contact

We're here to help you on your journey to ownership, so having a local expert within ProVision will help connect you and unlock valuable information to ensure you have the confidence to become a successful independent practice owner.

- Share valuable first-hand knowledge and information you need to make informed decisions
- Direct you to relevant experts within ProVision to assist with questions
- Match and introduce you to our members looking for partnership or sale opportunities

## Conditions

1. A formal application must be lodged for the Associate program and must be approved by the ProVision CEO and board.
2. The optometrist must be a financial member of Optometry Australia to qualify for membership.
3. The optometrist must illustrate a desire to own an independent practice.
4. Membership is complementary.

## For more information contact ProVision's Regional Operations Manager



**Kate Hall**

**M** 0448 073 250

**E** khall@provision.com.au



After spending several years practicing as a clinical optometrist alongside a large corporate I came to the conclusion that I needed a change in direction to establish more personal balance and professional freedom.

I knew that I needed the support of an organisation that could help me make the transition. It was also important to me that I chose an organisation that was wholly supportive of the optometrical profession and independent optometry.

Becoming an Associate Member enabled me to gain the support of ProVision's myriad resources. It's early days, but to date the transition has been more successful and liberating than what I initially anticipated.

If you are looking to redefine your professional direction, my advice to young optometrists (and old ones like myself) is to contact ProVision.

**Adam Kelly, Alstonville Optometry, NSW**

ProVision



# Associate Program Application

Please download this form and fill out in **Adobe Acrobat Reader**. Free Acrobat software is available [here](#). If you prefer, you are welcome to print out and fill manually. Please email to [business@provision.com.au](mailto:business@provision.com.au)

This is an application by the applicant described below ("Applicant") under which the Applicant applies to become a member of ProVision Associate program ("Program").

Please note that this application form is not an offer by ProVision and accordingly, the completion and return to ProVision of this application form does not create any legally binding agreement, unless and until ProVision notifies the Applicant in writing that the application has been accepted by ProVision.

Once ProVision notifies the Applicant in writing that the application has been approved by ProVision, an "Agreement" is formed between ProVision and the Member (who will be the Applicant described below).

## Applicant

---

Name.....

Address.....

Telephone.....

Mobile Phone.....

Email.....

OA Membership No.....

Occupation.....

Years in practice .....

## Current employment particulars

---

Employer Name.....

Address .....

Telephone.....

Position held.....

Date Commenced employment.....

Continued over



# Associate Program Application

## Declaration & privacy consent

### Privacy Statement

This statement explains your rights, and our rights in relation to both your business and personal information.

The information we collect on this form will be used to process your application. You do not have to give us the requested information. However, if you do not provide the requested information, we may not be able to assess your application.

You may request access at any time to personal information held by us about you and ask us to correct it if you believe it is incorrect or out of date by contacting us on 03 8544 3900.

### By submitting this Application, the applicant declares that:

- The information provided in this Application is correct and that it is authorised to sign this Application.
- It understands that if any information requested in this Application is not provided, or it does not agree to any part of this Application or any proposed agreement, the Application may not be processed by ProVision Eyecare Pty Ltd.
- It understands that only ProVision Eyecare Pty Ltd can decide whether this Application is approved; and

by completing and submitting this Application, the Applicant confirms that the information contained in this Application is in all respects complete and correct and that ProVision Eyecare Pty Ltd will rely on this information when making a decision whether to accept and approve this Application.

I, (applicant name) ..... have read the above statements and confirm all details are correct.

Today's date .....

or email to [khall@provision.com.au](mailto:khall@provision.com.au)

### ProVision Office Use Only

Application     Approved     Denied

By and on behalf of ProVision Eye Care Pty Ltd (ABN 48 081 840 324)

Name of Director.....

Signature of Director.....

Business Coach Assigned.....



# Why we are here.

## Vision

A thriving future for independent optometry.

## Mission

To make ProVision practices relevant to consumers and their businesses sustainable.



Look Forward.

92 Peters Avenue Mulgrave VIC 3170

P 1800 035 618

[optom.provision.com.au](http://optom.provision.com.au)