



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 legals.
- **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.

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.
 2. The optometrist must be a financial member of Optometry Australia.
 3. The optometrist must illustrate a desire to own an independent practice.
 4. The ProVision Associate Program is complimentary.
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For more information contact ProVision's National Business & Engagement Manager



Brooke Graham

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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 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

IMPORTANT

Please **DOWNLOAD AND SAVE** this form, and fill out in **Adobe Acrobat Reader**.
Free Acrobat software is available [here](#). Once complete, please email to memberadmin@provision.com.au
If you prefer, you are welcome to print out and fill manually.

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

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 Associate (who will be the Applicant described below).

Applicant

Name.....

Address.....

Telephone.....

Mobile Phone.....

Email.....

OA Membership No.....

Occupation.....

Years in practice.....

Reason for joining.....

Preferred locations of interest.....

Current employment particulars

Employer Name.....

Address.....

Telephone.....

Position held.....

Date Commenced employment.....

Continued over



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

Once complete, please email to memberadmin@provision.com.au

ProVision Office Use Only

Notes.....
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Name of National Business and Engagement Manager

Signature of National Business and Engagement Manager..... Date

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

Name of CEO

Signature of CEO..... Date

Business Coach Assigned.....

Lead Source.....

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.

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optom.provision.com.au