



Financial Counsellors Association Queensland
secretary@fcaq.com.au
ABN: 15 695 450 735

PO Box 995, Townsville, Q 4810

2017 APPLICATION FOR MEMBERSHIP FCAQ

To assist the processing of application for membership please note the following:

1. This form is only people seeking to be a **member** of FCAQ or those seeking to move from Associate to Accredited level of membership
2. Membership form must be sent to secretary@fcaq.com.au with the following in the subject title “<surname> membership”
3. Forms sent other than by email will not be accepted
4. All new Affiliate members must attach a letter with this application stating their interest to become an affiliate member of FCAQ. New Affiliate members must complete the New Membership application form. **Note: Affiliate members can include organisations employing FCAQ members, Financial Educators offering free services, Financial Counselling Associations, related stakeholders and FCAQ sponsors.**
5. For application as an **Associate member** please provide the following:
 - a. Copy of proof of enrolment Diploma Community Services (Financial Counselling),
or
 - b. Copy of completed Diploma (if less than 3 years FC experience).
6. For application to upgrade to an **Accredited member** please provide the following:
 - a. Copy of completed Diploma Community Services (Financial Counselling)
 - b. Log of professional development for the past 12 months

Log of supervision, signed by supervisor, for the past 12 months

7. Assessment Process:
 - a. If you are approved for Associate status , or upgraded to Accredited status, you will receive:
 - i. A notice in writing of membership acceptance and
 - ii. If you are a new member of FCAQ, a tax invoice for the full calendar year’s fee, which is payable in 14 days of notification.
 - iii. New membership commences when your payment is received by FCAQ.
 - b. If you are not approved you will be advised in writing that
 - i. Your membership application has been declined or
 - ii. That further information is required



Financial Counsellors Association Queensland
secretary@fcaq.com.au
ABN: 15 695 450 735

PO Box 995, Townsville, Q 4810

8. Please note no money is to be paid to FCAQ until the applicant has been advised that they have met all membership requirements

When your membership application is approved by the FCAQ Management Committee you will be notified regarding payment of your membership fee which is currently \$100 per calendar year. All memberships are due for renewal on 1st January each year.

I am currently applying for:

Affiliate New / Affiliate ongoing/Associate new / Associate ongoing /
Accredited New/ Accredited Ongoing (PLEASE CIRCLE ONE)

Personal Details

Name	
Mailing Address for FCAQ business	
Email Address for FCAQ business	
Contact Phone Number	

Organisational Details

Organisation / Employer Name	
Office Address	
Office Phone	
Organisation Type	For Profit Not for Profit Government (Please Circle)

Employment Details

Current FC Position title:	
Date commenced:	
Are You Employed In The Finance Industry?	NO YES – please contact membership secretary as you may not meet membership requirements
Do You Or Your Organisation Charge A Fee For Service?	NO YES – please contact membership secretary as you may not meet membership requirements
Does Your Organisation Receive Funding From a Credit Provider?	NO YES – please contact membership secretary as you may not meet membership requirements

If you answer YES to any of the following Questions please contact the membership secretary as you may not meet membership requirements



Financial Counsellors Association Queensland
secretary@fcaq.com.au
ABN: 15 695 450 735

PO Box 995, Townsville, Q 4810

If applying for Affiliate members please go to the affiliate membership table; all other members please fill out rest of form

DIPLOMA DETAILS:

Currently enrolled or completed: Yes / No (Please circle)

Copy of proof of enrolment in Diploma Community Services (Financial Counselling) to be attached to application

Details of Diploma: Name of RTO _____

Date Started _____

Date Completed/ due to complete _____

Has a Copy of completed Diploma been supplied to FCAQ? **YES/NO (please circle)**
If not is it attached to this application ? **YES/NO (please circle)**

CURRENT SITUATION:

Currently working as a Financial Counsellor **Yes/No (please circle)**

How many years full time equivalent (FTE) working as a financial counsellor?

_____ FTE

(Accredited currently requires more than 3 years FTE)

SUPERVISION:

Is your current supervisor an accredited financial counsellor who is not your line manager?
Yes/No (please circle)

You need to provide a copy of your supervision record that states the following in order for your application to be processed

	Has this been provided (Yes or No)
Supervision Record	
Name of supervisor	
Supervisors eligibility to provide supervision	
Frequency of supervision	
Signed by supervisor	



Financial Counsellors Association Queensland
 secretary@fcaq.com.au
 ABN: 15 695 450 735

PO Box 995, Townsville, Q 4810

CPD requirements (Continuing Professional Development)

Have you met CPD requirements? A professional development record that states the following needs to accompany your application in order for your application to be processed. Below is a CPD table that may help you complete your PD Requirements.

FCAQ Professional Development Table: 20 POINTS must be achieved...

Members Name:		Location:	
Name of Agency:			
1. Attending financial Counselling Conferences (Maximum 12 points)			
	Conference Attended	Point rating	Achieved
½ Day Conference		3 points	
Full Day Conference		6 points	
2. Attending FCAQ Professional Development Training (Maximum 12 points)			
	Conference Attended	Point rating	Achieved
½ Day Conference		3 points	
Full Day Conference		6 points	
3. Attending Casework supervision/workshops (Maximum 10 points)			
	Workshop Attended	Point rating	Achieved
Half Day		1 points	
Full Day		2 points	
Preparation/delivery	Workshop to financial counsellors	4 points	
Preparation/delivery	Community Education	4 Points	
4. Skills Training (refer to National Standards Fact Sheet)Minimum of 1 point to be achieved			
	Type of Training	Point rating	Achieved
Basic Counselling skills		1 point	
Negotiation Skills		1 point	
Mediation Skills		1 point	
Gambling		1 point	
Other		1 point	
Ethics Training (refer to National Standards Fact Sheet)Minimum of 1 point to be achieved			
	Type of Training	Point rating	Achieved
Cultural Awareness		1 point	
Conflict of interest		1 point	
Other		1 point	
TOTAL NUMBER OF ACHIEVED HOUR OBTAINED			



Financial Counsellors Association Queensland
 secretary@fcaq.com.au
 ABN: 15 695 450 735

PO Box 995, Townsville, Q 4810

Affiliate Membership ONLY

<p>Have you attached a letter with this application stating the interests associated with this membership</p>	<p>YES -</p> <p>NO – please contact membership secretary as you may not meet membership requirements</p> <p>Note: A letter is only required for new affiliate members</p>
<p>Financial Educator Includes: Financial Capability Workers, Nils Workers and ER Workers that deliver financial literacy education).</p>	<p>Current Position: _____</p> <p>Name of Employer: _____</p> <p>Date commenced: _____</p> <p>Supervisor: _____ (If assigned)</p> <p>Note: It is optional for Financial Educators to supply supervision and PD log tables</p>
<p>Stakeholder Organisation</p>	<p>YES - Name: _____</p> <p>NO – please contact membership secretary as you may not meet membership requirements</p>
<p>Employer of FCAQ members</p>	<p>YES Name: _____</p> <p>NO – please contact membership secretary as you may not meet membership requirements</p>



Financial Counsellors Association Queensland
secretary@fcaq.com.au
ABN: 15 695 450 735

PO Box 995, Townsville, Q 4810

FCAQ MEMBER DECLARATION (ALL MEMBERS)

I _____ agree to comply with the following:

- The Supervision requirements and policy of FCAQ; and
- The Professional Development requirements and policy of FCAQ; and
- Have met and agree to meet in the future the constitution, By-Laws, codes of conduct and policies of FCAQ; and
- Provide proof of my adherence to the above when required.

Applicant's signature: _____ Date: _____

Please send your application form by email to the secretary at secretary@fcaq.com.au

When your membership application is approved by the FCAQ Management Committee you will be notified regarding payment of your membership fee which is currently \$100 per calendar year.



Financial Counsellors Association Queensland
 secretary@fcaq.com.au
 ABN: 15 695 450 735

PO Box 995, Townsville, Q 4810

FCAQ ELIGIBILITY MEMBERSHIP CHECKLIST

NAME: _____

Tick all applicable boxes in the relevant column to indicate your eligibility

Member	Not currently eligible/ Affiliate	Associate Member	Accredited
<u>Circumstance</u>	No	Yes	Yes
Employed by non-profit organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charge		Free	Free
No fees charged for FC service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Qualifications</u>	No study	Studying	Qualified
Diploma Comm Serv (Fin Couns) or equivalent <i>(or accredited since 2001 or earlier)</i>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<u>Experience</u>	No	Yes	Yes
Currently works as an FC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or	No	Or Yes	Or Yes
FC recently retrenched/terminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has over 3 years FC experience (FT or equivalent)	<input type="checkbox"/>	No	Yes
Minimum Annual FC Casework 400 hours per annum <i>(or equivalent to date of retrench/termination)</i>	<input type="checkbox"/>	Yes	Yes
<u>Supervision (with Log kept)</u>	No	Yes	Yes
Supervisor is Accredited FC, and not line manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum supervision hours in prior year <i>(or equivalent to date of retrench/termination)</i>		20 hours	10 hours
Frequency of supervision in current year <i>(If retrenched in current year, until term date)</i>		Fortnightly	Monthly
<u>Professional Development (with Log kept)</u>	No	20 points	20 points
Minimum PD requirement: 20 Points <i>*PD must be structured and relevant to FC. Please refer to FCAQ CPD table</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This checklist is true and correct. Signed: _____ on Date: / /



Financial Counsellors Association Queensland

secretary@fcaq.com.au

ABN: 15 695 450 735

PO Box 995, Townsville, Q 4810