

2021 FCAQ APPLICATION FOR NEW ASSOCIATE MEMBERSHIP

This application form should be read in conjunction with the FCAQ Policies and Procedures Manual available on the FCAQ website. To assist in the processing of application for membership please note the following:

1. If you are renewing your membership as an Associate member, please do not complete this form but request the Membership Secretary to send you the form entitled "2021 FCAQ Associate Renewal Application instead.
2. The completed membership application form, together with all supporting documentation, is to be emailed to **fcaqmembership@gmail.com** with the following in the subject title "<surname> membership". Forms sent other than by email will not be accepted.
3. FCAQ's membership year runs from 1st January until 31st December and it is the member's responsibility to ensure that a properly completed membership application form, together with all necessary supporting documents, is submitted well before 1st January, thus allowing time to resolve any queries or requests for clarification from FCAQ.
4. Appointment of a Supervisor
 - A new Associate Financial Counsellor must nominate a qualified professional supervisor approved by FCAQ.
 - The supervisor must sign the application form stating their commitment to supervise the applicant.
 - Line Management supervision is a different process to professional supervision and, unless there are exceptional circumstances, your Line Manager should not be your Supervisor.
5. During the first twelve months of a new associate financial counsellor membership, the member must complete 20 points of CPD per annum with a minimum of one session from each of the following categories: technical, skills and ethics. For a more detailed explanation of these categories, please refer to the CPD section below;

The Supervision and CPD tables are part of this application to assist the new member of their requirements throughout the year

6. Assessment Process: If you are approved for membership, you will receive:
 - A notice in writing of membership acceptance
 - A tax invoice for the fee, which is payable within 14 days of notification.

No fees are to be paid to FCAQ until you have been advised that all membership requirements have been met and a tax invoice has been provided.

If you are not approved for membership, you will be advised in writing that:

- your membership application has been permanently declined, together with the reason, or
 - your membership application has been declined because further information is required to support your application.
 - new membership commences only when your payment has been received and receipted by FCAQ.
7. Fees The annual fee for Associate members for 2021 is **\$110** per year or part of that year. Please note if you are upgrading your membership to Associate during the membership calendar year and you have paid your Affiliate membership fee, you will need to pay another \$55 totalling \$110.

Member Details

Name:	
Date of Birth:	
Mailing address for FCAQ business	
Email address for FCAQ business	
Phone number for FCAQ business	

Organisation/Employer

(if you work for multiple agencies, please print and complete this page for each agency):

Agency Manager's name	
Agency Manager's email	
Organisation/Agency phone	
Organisation/Agency Address	
Your current position title	
Date commenced in this role	

PRE-REQUISITES IN CONNECTION WITH YOUR EMPLOYER

(or organisation you volunteer for):

<p>Are you employed by/volunteer for a non-profit organisation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - you do not meet membership eligibility</p>
<p>Are you employed in/volunteer for the finance industry, or does your employer/organisation hold a credit licence?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - you do not meet membership eligibility</p>
<p>Do you or your organisation/employer charge a fee for service?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - you do not meet membership eligibility</p>
<p>Does your organisation/employer receive direct funding from a credit provider to provide a financial counselling service?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - you do not meet membership eligibility</p>
<p>Are you employed by/volunteer for a non-profit organisation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - you do not meet membership eligibility</p>
<p>Which organisations or government departments fund your position?</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

Eligibility for New Associate Membership

1. Working, or volunteering as a Financial Counsellor

Are you primarily working or volunteering as a Financial Counsellor, as per your position description?

Yes No ► you do not meet membership eligibility

If yes: Full Time Part Time Casual Voluntary

On average, how many hours do you work/volunteer each week? _____

You will need to supply FCAQ with a letter that identifies employment from your employer outlining your duties as a financial counsellor and hours of work per week.

2. Diploma of Financial Counselling **CHC51115**

Have you completed the above Diploma? Yes (see below) No (see below)

Yes FCAQ requires a copy of your Certificate and Transcript

No Are you currently enrolled and studying for the above Diploma?

YES NO ► you do not meet membership eligibility

Date commenced: Date due to complete:

Name of RTO:

FCAQ requires a copy of your enrolment acceptance by RTO and Student Number



3. It is a requirement for your nominated professional supervisor/s to declare their intention to supervise you and to meet your required supervision hours throughout the membership year. Your nominated supervisor/s **MUST BE FCAQ APPROVED**. If you have concerns about the nominated supervisors' membership with FCAQ, contact the FCAQ membership secretary.

4. Declaration by Supervisor(s)

I declare that I will provide the supervision hours required for FCAQ membership:

Name of Supervisor: Signature:
.....

Qualification of Supervisor:
.....
.....

Name of Supervisor Signature
.....

Qualification of Supervisor:
.....
.....

Applicant Declaration

I, _____ in making this application for membership of the Financial Counsellors' Association of Queensland, acknowledge and agree to the following:

1. The information that has been provided on this form, and on any attachments to it, is complete and correct in every detail.
2. I have accessed and read the National Standards for membership and accreditation and the Australian Financial Counselling Code of Ethical Practice and agree to uphold them.
3. I am aware that I must advise FCAQ immediately of a change in circumstances relating to any information I have provided in or with this application.
4. I have no objection to any relevant person(s) being contacted to assist in determining my eligibility for membership and I understand that FCAQ may, at times, need to discuss my membership with my employer/agency management.
5. I understand that my membership certificate will not be processed until all parts of this form are completed and lodged with FCAQ and payment has been processed.
6. Meeting the Supervision requirements and Supervision policies of FCAQ. In particular, where there is a change in my Supervisor, I will inform FCAQ by email within 30 days of that change.
7. Meeting the Continuing Professional Development requirements and CPD policies of FCAQ.
8. I have met and agree to meet in the future the Constitution, By-Laws, Codes of Conduct and Policies & Procedures of FCAQ.
9. I will provide proof of my adherence to the above when required.
10. I understand that the Association has agreed to the national standard Disciplinary Process - Policy and Procedures and that these govern how the Association assesses, handles and responds to complaints about Members. Accordingly, I am bound by the Disciplinary Process - Policy and Procedures.
11. Where a complaint is made about me, I consent to the Association and any investigator appointed by the Association:
 - (a). asking my employer, former employer, a client or former client, a co-worker or anyone else for relevant information and to the extent necessary to do so disclosing information to them about the complaint about me; and
 - (b). obtaining any of my personal information from my employer, a former employer, a client or former client, a co-worker or anyone else, in each case to the extent that the personal information appears to be relevant to the matters the subject of the complaint
12. I confirm that this Membership Application may be provided to anybody by way of evidence that I have consented to the Association asking for and obtaining information about me for the purposes of handling a complaint about me.
13. I acknowledge that if my membership of the Association is suspended or terminated the Association may through Financial Counselling Australia make that information available to the financial counselling associations in other States and Territories of Australia.

Applicants Full Name: _____

Applicants Signature _____

Date of Signature _____

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 point	
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 HOURS OBTAINED

--	--

Supervision Record for 2021,

New Associate Members should record supervision hours from 1st January until 31st December, which totals 20 hours. If joined as a member during the year the supervision hours will be assessed by pro-rata. i.e. 6 months membership equates to a required 10 hours supervision, 3 months membership equates to a required 5-hour supervision.

DATE	DURATION (HRS)	TYPE (1:1, GROUP, CASEWORK)	NAME OF SUPERVISOR