

2021 FCAQ APPLICATION FOR RENEWAL OF ASSOCIATE MEMBERSHIP

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

1. **If you are upgrading your membership from Associate to Accredited, please do not complete this form but request the Membership Secretary to send you the form entitled "2021 FCAQ Application to Upgrade from Associate to Accredited Membership" 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. Supervision:

* An Associate Financial Counsellor must be supervised for at least 20 hours per annum;

* For all Associate Financial Counsellors, at least 10 hours of supervision per annum should be individual 1:1 supervision. The remaining hours can be a combination of group supervision and casework conferences.

* 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. CPD:

An Associate 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.

6. The Supervision and CPD tables are now part of this application form so you do not need to submit them as a separate record.

7. Assessment Process:

If your membership is approved with FCAQ, you will receive:

(a) A notice in writing of membership acceptance, and:

(b) 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:

(c) your membership application has been permanently declined, together with the reason, or

(d) 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.

8. **Fees:** The annual fee for Associate members for 2021 is **\$110** per year or part of that year.

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):

Are you employed by a non-profit organisation?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No - you do not meet membership eligibility
Are you employed in the finance industry, or does your employer hold a credit licence?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes - you do not meet membership eligibility
Do you or your organisation/employer charge a fee for service?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes - you do not meet membership eligibility
Does your organisation/employer receive direct funding from a credit provider to provide a financial counselling service?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes - you do not meet membership eligibility

This application is a:

Renewal of existing Associate Membership

Which organisations or government departments fund your position?

Eligibility for Associate Membership

1. Working, or volunteering as a Financial Counsellor

<p>Are you primarily working or volunteering as a Financial Counsellor, or Supervisor, as per your position description?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - you may not meet membership eligibility – please discuss with the Membership Secretary.</p>
<p>If Yes; <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Voluntary</p>

On average, how many hours do you work each week? _____ Which organisations or government departments fund your position? _____

How many years Full Time Equivalent (FTE) working or volunteering as a financial counsellor? _____ FTE (Accredited level requires 2 years FTE)

2. Diploma of Community Services (Financial Counselling) or The Diploma of Financial Counselling.

<p>Have you completed the above Diploma?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has a copy of your completed Diploma certification been provided to FCAQ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No ► please attach to this application</p>
<p>Are you currently enrolled and studying for the above Diploma?</p> <p><input type="checkbox"/> Yes please complete below information <input type="checkbox"/> No ► you may not meet membership eligibility</p>

Date commenced: Date due to complete:

Name of RTO:

Have you met the minimum requirement of 20 supervision hours?

Yes No

If no, have you met the required supervision hours taking into account your circumstances and application of pro-rata calculations (e.g. because you upgraded your membership during the year or worked part time)? Please indicate below or attach a calculation of the number of supervision hours applicable to your circumstances.

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Supervision:

Date	Duration (hrs)	Type (1:1, Group, Casework)	Name of Supervisor
TOTAL HOURS:.....			

4. Declaration by Supervisor(s)

I declare that the above supervision hours provided by me are correctly stated:

Name of Supervisor: Signature:
.....

Qualification of Supervisor:
.....

Name of Supervisor Signature
.....

Qualification of Supervisor:
.....

Qualification of supervisor must be filled out in full (Please attach additional confirmations if required)

5. Continuing Professional Development

An accredited financial counsellor must complete 20 points of CPD per year, including a minimum of one session from each of the categories – Technical, Skills and Ethics.

Technical – e.g. content knowledge relevant to legal issues, banking, fines, EDR/IDR, superannuation, hardship, insurance, completion of Statements of Financial Position

Skills – e.g. counselling, mental health, communication (written, verbal), interviewing, cultural awareness, suicide prevention/training and negotiation

Ethics – e.g. conflict of interest, boundaries, counselling relationships, cultural awareness, options- client choices; appropriate referral to other services

All financial counsellors must keep their own annual CPD record which lists each CPD activity and shows:

- (a) the date, duration, presenter, topic/event, and points allocated per activity; and
- (b) the total CPD points achieved.

Financial Counsellors may be requested to produce this record for review by FCAQ. Examples of acceptable CPD activities are set out in the FCAQ Policies and Procedures Manual.

Have you met the requirement of at least one session from each of the categories – Technical, Skills and Ethics?

Yes

No ► you do not meet membership eligibility

CPD Points Table

If this is your first renewal since joining as an Associate during the year then the table below should record CPD hours from the date of joining until 31st December. Otherwise, it should record CPD hours from 1st January until 31st December.

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

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FCAQ MEMBER DECLARATION (ALL MEMBERS)

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 _____

Please send your application form by email to the membership secretary: fcaqmembership@gmail.com

When your membership application is approved by the FCAQ Management Committee you will be notified regarding payment of your membership fee which is currently **\$110** per calendar year.

FCAQ ELIGIBILITY MEMBERSHIP CHECKLIST

NAME: _____

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

	Not currently eligible/ Affiliate	Associate Member	Accredited Member
<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 The Diploma FC (CHC51115) or accredited since 2001 or earlier	<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		Or	Or
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum Annual FC Casework 400 hours per annum (or equivalent to date of retrench/termination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 (or equivalent to date of retrench/termination)	<input type="checkbox"/>	20 hours	10 hours
Frequency of supervision in current year (If retrenched in current year, until term date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Fortnightly	Monthly
		<input type="checkbox"/>	<input type="checkbox"/>
<u>Professional Development (with Log kept)</u>			
Minimum PD requirement: 20 Points <i>*PD must be structured and relevant to FC. Please refer to FCAQ CPD table</i>			
This checklist is true and correct.			
Signed:	No	20 points	20 points
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on Date: / /			

NOTES