
2021 FCAQ APPROVED SUPERVISOR APPLICATION FORM

1. This form is for applicants seeking to become an FCAQ Approved Supervisor. The completed application form should be emailed to fcaqmembership@gmail.com with the following in the subject title "SupervisorApprovalApplication".

2. Forms sent other than by email will not be accepted

3. To be accepted as an FCAQ Approved Supervisor, you must:

- hold the Diploma of Community Services (Financial Counselling), Diploma of Financial Counselling or another suitable qualification as approved by FCAQ; and
- hold accredited membership with a State or Territory financial counselling association; and
- be currently practising as a Financial Counsellor; and
- have a minimum of three years full time equivalent (FTE) financial counselling experience; and
- have completed a suitable course in professional supervision acceptable to FCAQ or be a qualified counsellor, psychotherapist or psychologist, at degree level and be currently registered with a recognised professional organisation.

4. Supporting Documentation

Please provide the following:

- ✓ A copy of your Diploma of Community Services (Financial Counselling);
- ✓ If you are not a Queensland Accredited Financial Counsellor, a letter from the peak body in your State or Territory confirming that you are an Accredited Financial Counsellor in that State or Territory;
- ✓ Written evidence of 3 years FTE financial counselling experience preferably from your employer or other suitable evidence.
- ✓ Either a copy of your certificate confirming that you have completed a suitable course in professional supervision or evidence of your qualification as a counsellor, psychotherapist or psychologist preferably with evidence of your current registration with a recognised professional organisation (eg PACFA, AHPRA or ACA).

5. If you are no longer practising as an FCAQ Approved Supervisor you should notify the FCAQ Committee by way of email within 30 days.

6. Assessment Process:

If you are approved to be an FCAQ Approved Supervisor, you will receive a notice in writing of your Supervisor status. If you are not approved, you will be advised in writing that:

1. Your FCAQ Approved Supervisor application has been declined, or
2. Further information is required to support your application and you will therefore need to resubmit your application.

NAME:	
Mailing address for FCAQ:	
Email address for FCAQ business:	
Phone number for FCAQ business:	
Organisation/ Employer:	
Current position title:	
Do you give FCAQ permission to share your contact details with members who are seeking a Supervisor?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Applicant's Declaration

I, _____ in making this application to become an Approved Supervisor of the Financial Counsellors' Association of Queensland, acknowledge and declare that:

1. I will support and provide supervision to my supervisees in accordance with the requirements of FCAQ's Supervision Policies and Procedures which I have accessed and read;
2. The information included in this application form is true and correct;
3. 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.
4. This Approved Supervisor Application form 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; and
5. If my status as an Approved Supervisor 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.

Applicant's signature: _____ Date: _____