

2022 FCAQ APPLICATION FOR NEW AFFILIATE MEMBERSHIP

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

1. This form is for individuals seeking new Affiliate Membership of FCAQ.
2. The completed membership application form should be emailed to membership@fcaq.org.au with the following in the subject title "<surname> affiliate membership". Forms sent other than by email will not be accepted.
3. Affiliate Membership would be appropriate for a broad range of individuals such as: Financial literacy educators, financial capability workers, NILS workers, and emergency relief providers providing financial literacy education, non-practicing FC students, and financial counsellors between employment positions.
4. When applying for Affiliate Membership for the first time:

(I) letter must be attached to this application demonstrating a fundamental link between the applicant and FCAQ and its members; and that their membership would be of benefit to FCAQ and its members. For non-practicing students, this would be evidence of enrolment in the Diploma of Financial Counselling (CHC51115).

(II) A Member Declaration must be signed.

If the applicant is an individual employed by, or volunteering in, a Queensland non-profit community service organisation that provides financial counselling, capability and resilience services, please also confirm that those services are free of charge.

5. Assessment Process:

If you are approved for membership, you will receive an invoice for the calendar year fee, which is payable within 14 days of notification.

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

- Your membership application has been declined, together with the reason; or
- Your membership application has been declined pending receipt of further information and the resubmission of the completed application form.

6. 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, or \$55 per calendar year for a non-practicing student. Please note if you are upgrading your membership to Associate or Accredited levels during the membership. All memberships are due for renewal on 1st January each year.

7. New membership commences when your payment is received and receipted by FCAQ.

► Please note: *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.*

For the 2022 Membership year, I am applying for **Affiliate Membership**:

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

Organisation/Employer/Course name and Registered Training Organisation:	
Organisation/Employer/Course phone:	
Organisation /Employer/Course address:	
Agency Manager's name and email address:	
Organisation Type: For profit / not for profit / Government	
Your current position title/s	
Date commenced in this role:	
If Student - date commenced Course:	
If Student – date expected to complete:	

For all new Affiliate Membership applicants

Have you attached a letter with this application including the information set out in Paragraph 4 of the guidance notes above?

Yes No - please contact the membership secretary as you may not meet membership requirements

Are these services free of charge? Yes No

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. Read the FCAQ Membership Policy 2022, and the Australian Financial Counselling Code of Ethical Practice and agree to uphold them.
3. A member must advise FCAQ immediately of a change in circumstances relating to any information they have provided in or with this application.
4. No objection to any relevant person(s) being contacted to assist in determining my eligibility for membership and understand that FCAQ may, at times, need to discuss membership with the employer/agency management.
5. A 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. If there is a change in Professional Supervisor, the member must inform FCAQ by email within 30 days of that change.
7. Meeting the Continuing Professional Development requirements and CPD policies of FCAQ.
8. Have met and agree to meet in the future the Constitution, By-Laws, Codes of Conduct and Policies & Procedures of FCAQ.
9. Will provide proof of adherence to the above when required.
10. 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, members are bound by the Disciplinary Process - Policy and Procedures.
11. Where a complaint is made about a member, the member consents to the Association and any investigator appointed by the Association:
 - (a) asking the 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; and
 - (b) obtaining any personal information from current 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, subject of the complaint.
12. This Membership Application may be provided to anybody by way of evidence consented by the member to the Association, asking for and obtaining information for the purposes of handling a complaint.
13. If 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 _____