

## 2022 FCAQ APPLICATION FOR NEW ASSOCIATE MEMBERSHIP

This application form should be read in conjunction with the FCAQ Membership Policy 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 complete the form titled "2022 FCAQ Associate Renewal Application".
2. The completed membership application form, together with all supporting documentation, is to be emailed to [membership@fcaq.org.com](mailto:membership@fcaq.org.com) with the following in the subject title "<surname> associate membership". Forms sent other than by email will not be accepted.
3. FCAQ's membership year runs from 1st January until 31st December, pro-rata evaluation for Continuous Professional Development (CPD) and professional supervision requirements will apply for the renewal of membership for the following membership year.
4. Appointment of a Supervisor
  - A new Associate Financial Counsellor must nominate a qualified professional supervisor approved by FCAQ. *Please contact FCAQ if applicant requires a list of FCAQ approved supervisors.*
  - The supervisor must sign the declaration form stating their commitment to supervise the applicant.
  - Line Management supervision is a different process to professional supervision and, your Line Manager should not be your supervisor.
5. During the first twelve months of a new associate financial counsellor membership, the member must track their CPD using the FCAQ CPD tracker spreadsheet located on the FCAQ members portal. A New 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 FCAQ Membership Policy 2022.
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.
  - Links to FCAQ CPD tracker and FCAQ supervision record sheet (*version 1*).
  - Once the invoice is paid in full, FCAQ will provide access to the members portal and toolkit, Financial Counselling Australia (FCA) toolkit and a National Registration Number (NRN) will be allocated.

***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. New membership commences only when your payment has been received and receipted by FCAQ.***

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.

## 7. Fees

The annual fee for Associate members for 2022 is **\$155** 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 of \$110, you will need to pay another \$45 totalling \$155.

## Member Details

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Mailing address for FCAQ business</b>	
<b>Email address for FCAQ business</b>	
<b>Phone number for FCAQ business</b>	

## Organisation/Employer

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

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

**PRE-REQUISITES IN CONNECTION WITH YOUR EMPLOYER** (or organisation you volunteer for):

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

If yes:  Full Time    Part Time    Casual    Voluntary

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

***If you work less than 8 hour per week as a practicing financial counsellor, you do not meet Associate membership eligibility. Refer to FCAQ Membership Policy 2022. You may wish to apply for Affiliate Membership.***

**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**

**PROFESSIONAL SUPERVISOR DECLARATION**

Name of Applicant: .....

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, please contact FCAQ administration [secretary@fcaq.org.au](mailto:secretary@fcaq.org.au)

4. Declaration by Supervisor(s)

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

Name of Supervisor:                      Signature:  
  
.....

Qualifications of Supervisor:  
  
.....

Date:  
  
.....

Name of Clinical Supervisor              Signature  
  
.....

Qualifications of Clinical Supervisor:  
  
.....

Date:  
  
.....

## 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 \_\_\_\_\_