

2024 FCAQ APPLICATION FOR STUDENT MEMBERSHIP

This application should be read in conjunction with the FCAQ Membership Policy 2024 Version 1 available on the FCAQ website. To assist the processing of this application for membership, please note the following:

1. This form is for individuals studying the Diploma of Financial Counselling (CHC51115) seeking new and renewal of Student Membership with FCAQ. You may be either a working Student Financial Counsellor (i.e. employed or volunteering (e.g. undertaking Diploma work placement)) or a non-working Student Financial Counsellor.

If you have completed the Diploma of Financial Counselling CHC51115 and are working as a financial counsellor, please complete the form titled "2024 FCAQ New Associate Membership Application".

2. The completed membership application form should be emailed to membership@fcaq.org.au with the following in the subject title, "<surname> student membership". FCAQ will only accept forms that are sent by email to above email address.

3. When applying for Student Membership for the first time:

- (a) A letter or email correspondence from your RTO must accompany this application, confirming your current enrolment in the Diploma of Financial Counselling CHC51115 with the start and estimated completion dates.
- (b) If working or volunteering as a Student Financial Counsellor, a letter from your agency must be attached confirming your role as a Student Financial Counsellor, your hours of work per week as a Student Financial Counsellor and the name of the practising Accredited Financial Counsellor under whose direction you are working.
- (c) If working or volunteering as a Student Financial Counsellor include the names and contact details of your proposed Professional Supervisor, proposed Specialist Supervisor (if any) and practising Accredited Financial Counsellor on page 4 and their declarations on page 5.

4. When applying to renew Student Membership:

- (a) If working as a Student Financial Counsellor, evidence of having met Supervision and Continuing Professional Development requirements within the prior membership year.
- (b) If working as a Student Financial Counsellor and there have been changes to the information submitted to FCAQ in the previous year with regard to the matters specified in 3(a) and 3(b) above, please provide updated letters or email correspondence from your RTO and/or agency.

5. The Applicant Declaration must be completed, signed and dated.

6. Assessment Process:

If you are approved for membership, you will receive:

- (a) A notice in writing of membership acceptance.
- (b) A tax invoice for the membership fee, which is payable within 14 days of notification.

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

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

7. Fees

The annual fee for Student Membership for 2024 is \$125 per calendar year or part thereof. Please note if you apply for a different membership during the membership year, you will need to pay the difference between the fee paid and the fee for the new category, if applicable. All memberships are due for renewal by 1st January each year.

► **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.*

Membership commences only when your payment has been received and receipted by FCAQ. At that time FCAQ will issue a Membership Certificate, and refresh access to FCAQ Members Toolkit and the Financial Counselling Australia (FCA) toolkit.

For the 2024 Membership year, I am applying for membership as a:

STUDENT MEMBER (* required information)

Name: *	
Date of Birth: *	
Mailing address: *	
Email address: *	
Direct Phone number: *	

Course name and Registered Training Organisation (RTO): *	
RTO phone number: *	
RTO address: *	
Date commenced course: *	
Date expected to complete: *	

For STUDENT MEMBER working as a Student Financial Counsellor:	
Agency Line Manager's name and email address: *	
Agency Line Manager's direct phone number: *	
Employing Organisation: *	
Your current position title/s: *	
Date commenced in this role: *	
Nominated Accredited Financial Counsellor: *	
Nominated Accredited Financial Counsellor email address: *	
Nominated Accredited Financial Counsellor phone number: *	
Nominated Professional Supervisor: *	
Nominated Professional Supervisor Email address: *	
Nominated Professional Supervisor phone number: *	
Nominated Specialist Supervisor (if any): *	
Nominated Specialist Supervisor Email address: *	
Nominated Specialist Supervisor phone number: *	

For all Student Membership Applicants:

Have you attached all relevant evidence with this application, as required by Paragraph 3 and 4 of the guidance notes above?

- Yes No - please contact FCAQ staff as you may not meet membership requirements

PROFESSIONAL/SPECIALIST SUPERVISOR DECLARATION (For Students working as Student Financial Counsellor only)

Name of Applicant:

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It is a requirement for your nominated professional and specialist supervisor/s to declare their intention to supervise you in order for you to meet your required professional supervision hours in the forthcoming membership year. Your nominated Professional and Specialist Supervisor/s **MUST BE APPROVED BY FCAQ AS A PROFESSIONAL OR SPECIALIST SUPERVISOR**. If you have concerns about the nominated professional or specialist supervisor's approval by FCAQ, please contact the FCAQ administration membership@fcaq.org.au. Please refer to the FCAQ Members Policy 2024 Version 1 for the current requirements.

Declaration by Professional and Specialist Supervisor (s):

I declare that supervision will be provided by me (if new applicant), or has been provided by me as shown on the attached FCAQ Supervision Record Sheet 2023 (if applicant is renewing their Student Membership as a working Student Financial Counsellor):

Name of Professional Supervisor:

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Signature:

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Qualifications of Professional Supervisor:

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Date:

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Name of Specialist Supervisor:

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Signature:

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Qualifications of Specialist Supervisor:

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Date:

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Specialist Supervisor contact details:

Email:

Direct phone number:

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ACCREDITED FINANCIAL COUNSELLOR DECLARATION: (For students working as Student Financial Counsellor only)

Declaration by Accredited Financial Counsellor:

I declare that will be working under my face to face and day to day direction. All correspondence including letters of authority will be in my name and National Registration Number.

Name of Accredited Financial Counsellor and NRN

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Signature:

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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 2024 Version 1, 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 I 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 my membership with my employer or RTO.
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. Have met and agree to meet in the future the Constitution, By-Laws, Codes of Conduct and Policies & Procedures of FCAQ.
7. Will provide proof of my adherence to the above when required.
8. 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.
9. Where a complaint is made about a member, the member consents 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; and
 - (b) obtaining any personal information from the 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, the subject of the complaint.
10. The Membership Application may be provided to anybody by way of evidence consented by the member to the Association, asking for and obtaining information about me for the purposes of handling a complaint.
11. 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: _____