

2024 FCAQ APPLICATION FOR NEW ASSOCIATE MEMBERSHIP

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

1. This form is for individuals seeking new Associate membership with FCAQ. If you are renewing your membership as an Associate member, please complete the form titled "2024 FCAQ Renewal of Associate Membership".
2. The completed membership application form, together with all supporting documentation, is to be emailed to membership@fcaq.org.au with the following in the subject title "<surname> new associate membership". FCAQ will only accept forms that are sent by email to above email address.
3. When applying for Associate membership for the first time:
 - (a) We encourage applicants to contact FCAQ to discuss options regarding membership.
For students of the Diploma of Financial Counselling (CHC51115) working as a financial counsellor please complete the 2024 FCAQ Student Membership Application.
 - (b) A letter or email correspondence from your employer must accompany this application outlining your duties as a financial counsellor and hours of work per week as a financial counsellor.
 - (c) A copy of the Diploma of Financial Counselling CHC51115 and transcript must be attached.
 - (d) You must nominate an FCAQ Approved Professional Supervisor to provide your one-on-one supervision requirements, and they must declare their agreement to supervise you. *Please contact FCAQ if you require a current list of FCAQ Approved Professional Supervisors.* An additional, specialist professional supervisor may also be nominated for FCAQ's approval.
 - (e) The Applicant Declaration and Supervisor Declaration must be completed and signed.

4. 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 fee, which is payable within 14 days of notification.

If you are not approved for membership, 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 because pending receipt of further information and the resubmission of the completed application form.

► **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.**

New membership commences only when your payment has been received and receipted by FCAQ. At that time FCAQ will issue an FCAQ Membership Certificate, provide access to the FCAQ Members Toolkit with links to the FCAQ CPD Tracker and FCAQ Supervision Record Sheet, access to the Financial Counselling Australia (FCA) toolkit, and a National Registration Number (NRN) will be allocated.

5. Fees

The annual fee for Associate members for 2024 is **\$185** per calendar year or part of that year. Please note if you are upgrading your membership to Associate during the membership calendar year you will need to pay the difference between the previous membership fee paid and \$185. All memberships are due for renewal on 1st January each year.

ASSOCIATE MEMBER (* required information)

Name: *	
Date of Birth: *	
Mailing address: *	
Email address: *	
Direct Phone number: *	
Your current position title: *	
Date commenced in this role: *	

Organisation/Employer Details: (* required information)

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

Line Manager's name: *	
Line Manager's email: *	
Organisation/Agency phone: *	
Organisation/Agency mailing address: *	

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

<p>Are you employed by/volunteer for a non-profit organisation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - you do not meet membership eligibility</p>
<p>Are you employed in/volunteer for the finance industry, or does your employer/organisation hold a credit licence?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - you do not meet membership eligibility</p>
<p>Do you or your organisation/employer charge a fee for service?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - you do not meet membership eligibility</p>

Does your organisation/employer receive direct funding from a credit provider to provide a financial counselling service?

- No Yes - you do not meet membership eligibility

Which organisations or government departments fund your position?

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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, please contact FCAQ to discuss your membership options.

If yes: Full Time Part Time Casual Voluntary

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

2. Diploma of Financial Counselling CHC51115

Have you completed the above Diploma? Yes (see below) No (see below)

If Yes, Please attach a copy of your Certificate and Transcript with this application.

If No, You do not meet new associate membership eligibility.
Please contact FCAQ to discuss your membership options.

3. Supervision:

It is a requirement for your nominated professional supervisor/s to declare their intention to supervise you and to meet your required professional supervision hours throughout the membership year. Your nominated Professional Supervisor/s **MUST BE A CURRENT FCAQ APPROVED PROFESSIONAL SUPERVISOR**. If you have concerns about the nominated professional supervisors' membership with FCAQ, please contact the FCAQ administration membership@fcaq.org.au. **A minimum of 50% 1:1 supervision with an FCAQ Approved Professional Supervisor is mandatory.**

Choosing an additional supervisor that is not an accredited financial counsellor:

If a financial counsellor wishes to have a supervisor from outside the sector, they may wish to match their learning needs toward a particular skill set. These include, but are not limited to:

Discipline specific - problem gambling, family violence, disaster recovery, drug and alcohol, consumer law.
Interdisciplinary needs - motivational interviewing, risk management, working with other professionals.
Field of practice – mental health, young people, aged care.

No more than 50% of required supervision hours can be obtained through external or specialist supervision.

PROFESSIONAL SUPERVISOR DECLARATION

Name of Applicant:

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

Name of Professional Supervisor:

Signature:

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Qualifications of Professional Supervisor:

Date:

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Qualification of supervisor including most recent refresher course must be filled out in full with date (Please attach additional confirmations if required)

Name of Specialist Supervisor (if elected):

Signature:

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Qualifications of Specialist Supervisor:

Date:

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

Contact details for Specialist Supervisor:

Email:..... **Phone number:**.....

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 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 my membership with my 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. Any changes to my professional supervision arrangement will be notified by email to FCAQ 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 my 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 consent 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 _____