



Financial Counsellors Association Queensland  
fcaqsecretary1@gmail.com  
ABN: 15 695 450 735

PO Box 34, Palmwoods, Qld 4555

## **2019 FCAQ APPLICATION FOR RENEWAL OF ASSOCIATE MEMBERSHIP**

This application form should be read in conjunction with the FCAQ Policies and Procedures Manual available on the FCAQ website. To assist in the processing of application for membership please note the following:

1. If you are upgrading your membership from Associate to Accredited, please do not complete this form but request the Membership Secretary to send you the form entitled “2019 FCAQ Application to Upgrade from Associate to Accredited Membership” instead.
2. The completed membership application form, together with all supporting documentation, is to be emailed to [fcaqmembership@gmail.com](mailto:fcaqmembership@gmail.com) with the following in the subject title “<surname> membership”. Forms sent other than by email will not be accepted.
3. FCAQ’s membership year runs from 1<sup>st</sup> January until 31<sup>st</sup> December and it is the member’s responsibility to ensure that a properly completed membership application form, together with all necessary supporting documents, is submitted well before 1<sup>st</sup> January, thus allowing time to resolve any queries or requests for clarification from FCAQ.
4. Supervision
  - An Associate Financial Counsellor must be supervised for at least 20 hours per annum;
  - For all Associate Financial Counsellors, at least 10 hours of supervision per annum should be individual 1:1 supervision. The remaining hours can be a combination of group supervision and casework conferences.
  - Line Management supervision is a different process to professional supervision and, unless there are exceptional circumstances, your Line Manager should not be your Supervisor.
  -
5. CPD

An Associate Financial Counsellor 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 the CPD section below;



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6. The Supervision and CPD tables are now part of this application form so you do not need to submit them as a separate record;

6. Assessment Process:

If you are approved for membership, you will receive:

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

*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.*

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

10. Fees

The annual fee for Associate members for 2019 is \$110 per year or part of that year. Please note if you are upgrading your membership to Associate or Accredited levels during the membership calendar year and you have paid your Affiliate membership fee, you will need to pay another \$55 totalling \$110.



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Name:
Date of Birth:
Mailing address for FCAQ business:  <div style="text-align: right;">Post Code</div>
Email address for FCAQ business:
Phone number for FCAQ business:
Please specify language if you speak a language other than English and you would be prepared to act as a translator if required:
Organisation/Employer (if you work for multiple agencies, please print and complete this page for each agency):
Agency Manager's name:
Agency Manager's email:
Organisation/Agency phone:
Organisation/Agency Address:  <div style="text-align: right;">Post Code</div>
Your current position title:
Date commenced in this role:



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**Pre-requisites in connection with your employer** (or organisation you volunteer for):

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

**Is this application a:**

- Renewal of existing Associate Membership? or a
- New application for Associate Membership?

Which organisations or government departments fund your position?

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## **Eligibility for 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 do not meet membership eligibility*

If yes:     Full Time     Part Time     Casual     Voluntary

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

How many years Full Time Equivalent (FTE) working or volunteering as a financial counsellor? \_\_\_\_\_ FTE (*Accredited level requires 2 years FTE*)

### **2. Diploma of Community Services (Financial Counselling)**

Have you completed the above Diploma?

Yes     No

Has a copy of your completed Diploma certification been provided to FCAQ?

Yes     No ► *please attach to this application*

Are you currently enrolled and studying for the above Diploma?

Yes     No

Date commenced: ..... Date due to complete: .....

Name of RTO: .....

### **3. Supervision Record for 2018**

*If this is a new application for Associate Membership, you do not need to complete the table below. If this is your first renewal since joining FCAQ during the year then the table on the next page should record supervision hours from the date of joining until 31<sup>st</sup> December. Otherwise, it should record supervision hours from 1<sup>st</sup> January until 31<sup>st</sup> December*



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Date	No of hours	Type: 1:1, Group or casework	Date	No of hours	Type: 1:1, Group or casework
Name of supervisor: ..... No of hours: .....			Name of supervisor: ..... No of hours: .....		

Have you met the minimum requirement of 20 supervision hours?  Yes  No

If you have had more than 2 supervisors, this year please print extra copies of this and the next page and add any others.



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#### 4. Declaration by Supervisor(s)

I declare that the above supervision hours provided by me are correctly stated:

Name of Supervisor:

Signature:

.....

Qualification of Supervisor:

.....

.....

Name of Supervisor

Signature

.....

Qualification of Supervisor:

.....

.....

*Qualification of supervisor must be filled out in full*

(Please attach additional confirmations if required)



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## 5. Continuing Professional Development

An Associate Financial Counsellor must complete **20 points of CPD per year**, including a minimum of one session from each of the categories – *Technical, Skills, Ethics*.

- **Technical** – e.g. content knowledge relevant to legal issues, banking, fines, EDR/IDR, superannuation, hardship, insurance,
- **Skills** – e.g. counselling, mental health, communication (written, verbal), interviewing, cultural awareness, suicide prevention/training and negotiation
- **Ethics** – e.g. conflict of interest, boundaries, counselling relationships, cultural awareness, options- client choices; appropriate referral to other services

All financial counsellors must keep their own annual CPD record which lists each CPD activity and shows:

- the date, duration, presenter, topic/event, and points allocated per activity; and
- the total CPD points achieved.

Financial Counsellors may be requested to produce this record for review by FCAQ. Examples of acceptable CPD activities are set out in the FCAQ Policies and Procedures Manual.

*If this is a new application for Associate Membership, you do not need to complete the rest of this section.*

Have you met the requirement of at least one session from each of the categories – Technical, Skills and Ethics?

Yes     No ► *you do not meet membership eligibility*

### CPD Points Table

If this is your first renewal since joining as an Associate during the year then the table below should record CPD hours from the date of joining until 31<sup>st</sup> December. Otherwise, it should record CPD hours from 1<sup>st</sup> January until 31<sup>st</sup> December.





## CPD points table

<b>Attending Financial Counselling Conferences – (maximum 12 points)</b>			
Conference attended		Rating	Achieved
Half day conference		3 points	
Full day conference		6 points	
<b>Attending FCAQ Professional Development Training – (maximum 12 points)</b>			
Conference /Training attended		Rating	Achieved
Half day training		3 points	
Full day training		6 points	
<b>Workshops (refer National Standards Points Table) – (maximum 10 points)</b>			
Workshop		Rating	Achieved
Half day		1 point	
Full day		2 points	
Prepare & deliver	Workshop to FCs	4 points	
Prepare for training	Community Education	4points	
<b>Skills Training (refer National Standards Points Table) – minimum 1 point to be achieved</b>			
Details of Training		Rating	Achieved
Basic counselling skills		1 point	
Negotiation skills		1 point	
Mediation skills		1 point	
Gambling		1 point	
Other		1 point	
<b>Ethics Training (refer National Standards Points Table) – minimum 1 point to be achieved</b>			
Details of Training		Rating	Achieved
Cultural awareness		1 point	
Conflict of interest		1 point	
Other		1 point	
<b>Technical skills (refer National Standards Points Table) – minimum 1 point to be achieved</b>			
		1 point	
		1 point	
		1 point	

Have you met the requirements of 20 CPD points?

Yes     No ► *you do not meet membership eligibility*



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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. I have accessed and read the National Standards and the Code of Ethics for Financial Counsellors and agree to uphold them.
3. I am aware that I must advise FCAQ immediately of a change in circumstances relating to any information I have provided in or with this application.
4. I have no objection to any relevant person(s) being contacted to assist in determining my eligibility for membership and I understand that FCAQ may, at times, need to discuss my membership with my employer/agency management.
5. I understand that my 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. In particular, where there is a change in my Supervisor, I will inform FCAQ by email within 30 days of that change.
7. Meeting the Continuing Professional Development requirements and CPD policies of FCAQ.
8. I have met and agree to meet in the future the Constitution, By-Laws, Codes of Conduct and Policies & Procedures of FCAQ.
9. I will provide proof of my adherence to the above when required.
10. I 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, I am bound by the *Disciplinary Process - Policy and Procedures*.



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11. 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.

12. I confirm that this Membership Application 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.

13. I acknowledge that if my 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.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_