

FORM 301 Membership Application/Rejoin



1 July 2021 – 30 June 2022

Part A – Personal Information

Title: Miss Ms Mrs Mr Other (please specify) _____

First name: _____ Surname: _____

Date of Birth: _____

Home Phone no.: () _____ Mobile Phone no.: _____

Personal Email Address: _____

Residential Address: _____
(**Note:** Your postal address is not acceptable as a residential address.)

Postal Address: _____
(If different to your residential address. Do not include your work postal address here.)

Do you identify as Aboriginal or Torres Strait Islander? please circle: Yes No

Do you speak a language other than English? If yes, please specify: _____

Membership:

Refer to the Membership Categories as outlined in the FCAN Membership Policy.
Please tick the box for the category of membership that you are applying for:

Trainee Associate Associate Accredited Credit Advocate Affiliate
 Rejoin (lapsed member) New Application

All applications to rejoin or new applications must be accompanied by a current CV and if you are studying the Diploma in Financial Counselling your application must include proof of enrolment.

Part B – Employment Information

Name of Current Employer: _____

Your Position Title: _____

Work Address: _____
(**Note:** a Postal address is not acceptable as a work address.)

Work Phone no.: () _____ Work Email: _____

Current employment status as a Financial Counsellor: Full time Part time Volunteer

How many hours do you work or volunteer each week as a Financial Counsellor (average/wk) ? _____

Agency Manager name: _____ Agency Manager email address: _____

Which organisations/government departments/funders fund your position? _____

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Part C – Supervision (to be completed by Associate and Accredited members)

2021-2022 Supervisor's Name: _____ FCAN Membership Number: _____

Frequency of supervision?: Monthly Fortnightly Weekly Other (please specify) _____

Length of each session?: _____ Hours _____ Minutes

Supervisor Declaration for 2021-2022:

I confirm that I have agreed to support and provide supervision to name _____ in the coming 2021-2022 membership period in accordance with the requirements of FCAN's Supervision Policy.

Signed by 2021-2022 Supervisor _____ Date: _____

Part D - FCAN Membership Eligibility

Circle all applicable in the relevant columns to indicate your eligibility for membership.

Are you:	Trainee Associate/ Associate/ Accredited	Affiliate/ Credit Advocate
1. Employed or volunteer as a Financial Counsellor or Trainee Financial Counsellor?	Yes	No
2. Working under the Supervision of an FCAN Approved Supervisor?	Yes	No
3. Undertaking the minimum Supervision hours 20 hours (10 hours if part time) per year?	Yes	No
4. Undertaking at least 20 points Continuing Professional Development per year?	Yes	No
5. Employed by an organisation which is a credit provider or holds a credit licence?	No	*Yes No
6. Employed by an organisation that charges fees to clients for financial counselling or debt advice?	No	*Yes No
7. Have you: 7. Ever been convicted of a criminal offence, or subject to regulatory action by a federal or state government body including ASIC or ACCC?	*Yes No	*Yes No

* If you answer YES to any of questions 5, 6 or 7 you must provide further details to FCAN for the FCAN Board to take into account when reviewing your application.

Part F – Declaration

In completing this Form I confirm that:

- The information that has been provided on this form, and on any attachments to it, is complete and correct in every detail
- I have accessed and read the FCAN Membership Policy and FCAN Supervision Policy
- I understand that I am required to renew my membership annually
- I have read the Code of Ethical Practice for Financial Counsellors and agree to uphold them
- I have read the FCAN Constitution and agree to be bound by the conditions of the Constitution
- I am aware that I must advise FCAN immediately of a change in circumstances relating to any information I have provided in or with this application

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Part F Declaration con't

- I have no objection to any relevant person(s) being contacted to assist in determining my eligibility for membership
- I understand that my membership certificate will not be processed until all parts of this form are completed and lodged with FCAN and payment has been processed
- I **give permission** for my name to appear on the FCAN member listing on FCAN's website in the Member Only Access section [Strike this sentence out if you don't give permission]

Signed: _____ Date: _____

Part G - Fees and payment options:

Annual Fees (including 10%GST)	
Accredited, Associate and Trainee Financial Counsellor employed twenty (20) hours or more per week	\$200.00
Accredited, Associate and Trainee Financial Counsellor employed fewer than twenty (20) hours per week	\$100.00
Accredited, Associate and Trainee Financial Counsellor volunteer	\$ 50.00
Affiliate member - Diploma students not currently employed as a Financial Counsellor or Trainee Financial Counsellor	\$ 50.00
Affiliate member	\$200.00
Credit Advocate	\$200.00

Please tick your preferred Payment Option:

EFT: Please make EFT payment to the following account:

ACCOUNT NAME: Financial Counsellors' Association of NSW Inc.
BSB: 082 057
ACCOUNT NUMBER: 24 666 1087
Please quote your surname when making payment

Credit Card: Please fill in details below. Details are not retained by FCAN.

CARDHOLDER NAME			
CARD NUMBER			
EXPIRY DATE		CVV	
SIGNATURE OF CARDHOLDER			
CONTACT NUMBER of cardholder			
EMAIL ADDRESS FOR RECEIPT			

Cheque: Please attach your cheque with this form and mail it.

Please Invoice our Agency: email address for invoice _____

Email: admin@fcan.com.au

Mail: FCAN, Suite 602, 267 Castlereagh Street, Sydney NSW 2000