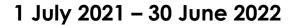
# **Membership Renewal Form**





### Part A – Personal Information

Title: Miss Mr Other (please specify)
First name: Surname:
Date of Birth:
Home Phone no.: ( ) Mobile Phone no.:
Personal Email Address:
Residential Address: ( <b>Note:</b> 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.)
Membership category: Refer to the Membership Categories as outlined in the FCAN Membership Policy  Trainee Associate Associate Accredited Credit Advocate Affiliate  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 phone:
Agency Manager email address:
Part C – Supervision
2021-2022 Supervisor's Name: FCAN Membership Number:
Supervisor Declaration for 2021-2022:
Confirm that I have agreed to support and provide supervision to (name) (name) during 2021-2022 for hours per (month,fortnight,week) in accordance with the FCAN Supervision Policy.
Signed by 2021-2022 Supervisor Date:

Financial Counsellors' Association of NSW Inc. ABN 71 720 817 858 Telephone: 1300 914 408 Email: <a href="mailto:admin@fcan.com.au">admin@fcan.com.au</a> Mail: FCAN, Suite 602, 267 Castlereagh Street, Sydney NSW 2000

## Record of Supervision for 2020-2021

Attach your Record of Supervision sessions for 2020-2021 or complete this record of your Supervision:

Session:	1	2	3	4	5	6	7	8	9	10	11	12	Comments
Date													
Duration hour/s													
Mode of delivery:													
Face to Face													
Telephone													
Other													
Type of Supervision:													
Peer, Technical or Case Work Supervision (minimum 50%)													
Clinical Supervision (max. 25%)													
Group Supervision or Casework Conference (max. 25%)													
Line Management (max. 25%)													
Areas Discussed:													
Practice Management & Administration													
Skills & Technical Knowledge													
Ethics													
Case Review													
Industry Trends, Issues & Legislative Changes													
Self-Care													
Workplace, Organisation & Cultural Changes													
Review Professional Development													
Personal Insight and Reflection													
Improvements/Issues/Suggestions													
Supervisee Name and Signature													
Supervisor Name and Signature													



## Part D **Continuing Professional Development** (to be completed by Associate and Accredited members)

# **Provide your record of CPD or complete this table:** CPD activities undertaken during 2020-2021 financial year:

Date	Start time	End time	Topic/Event	Presenter/s	Points
	IIITIC	IIIIIO			
Supervisor I currently	<b>s Only</b> Supervise	this num	nber of members:		
Whose na	mes are:				
NOTE: Sup		nay only	claim 1 CPD point per Supervisee, limited	d to a maximum of 4 points CPD	
Mentors O	nly	nis numb	er of members:		
Whose na					
		claim 1	CPD point per Mentoree, limited to a maxi	mum of 4 points CPD each vear.	
	/_		, ,	TOTAL Points	

#### **Membership Renewal Form**



#### Part E – Declaration

Signed:

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 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
- I understand that FCAN may, at times, need to discuss my membership with my service/agency management
- 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]

Annual Fees (including 10%GST)		
Accredited, Associate and Trainee Fi (20) hours or more per week	nancial Counsellor employed twenty	\$200.00
Accredited, Associate and Trainee Fi	nancial Counsellor employed fewer than	\$100.00
twenty (20) hours per week  Accredited, Associate and Trainee Fi	nancial Counsellor volunteer	\$ 50.00
<u> </u>	not currently employed as a Financial	\$ 50.00
Affiliate member		\$200.00
Credit Advocate		\$200.00
Please quote your FCAN Membership No	umber and your surname when making payme	
Credit Card: Please fill in details	s below. Details are not retained by FCAN	•
Credit Card: Please fill in details  CARDHOLDER NAME	s below. Details are not retained by FCAN	•
	s below. Details are not retained by FCAN	,
CARDHOLDER NAME CARD NUMBER EXPIRY DATE	s below. Details are not retained by FCAN	
CARDHOLDER NAME CARD NUMBER EXPIRY DATE SIGNATURE OF CARDHOLDER	, , , , , , , , , , , , , , , , , , ,	
CARDHOLDER NAME CARD NUMBER EXPIRY DATE	, , , , , , , , , , , , , , , , , , ,	

Email: admin@fcan.com.au Mail: FCAN, Suite 602, 267 Castlereagh Street, Sydney NSW 2000

Financial Counsellors Association of NSW Inc. Membership Renewal Form Version: April 2021

Financial Counsellors' Association of NSW Inc. ABN 71 720 817 858

Telephone: 1300 914 408