

# Membership Renewal Form

1 July 2022 – 30 June 2023



## Part A – Personal Information

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Personal Mobile: \_\_\_\_\_ 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.)

### Membership category:

Refer to the Membership Categories as outlined in the FCAN Membership Policy

Trainee Associate  Associate  Accredited  Credit Advocate  Affiliate

\*Trainee Associates and Affiliates – if you're upgrading to Associate you need to provide a copy of your Diploma with this form

## Part B – Employment Information

Name of Current Employer: \_\_\_\_\_

Your Position Title: \_\_\_\_\_

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

### Trainee Associate, Associate and Accredited Members complete these details:

Work Phone no.: ( ) \_\_\_\_\_ Work Email: \_\_\_\_\_

Current employment status as a Financial Counsellor:  Employed  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: \_\_\_\_\_

Which organisation/s fund your position: \_\_\_\_\_

## Part C – Supervision

### FCAN Supervision requirements for NSW Financial Counsellors:

- working 20 hours or more per week – 20 hours Supervision per membership year
- working less than 20 hours per week – 10 hours Supervision per membership year

2022-2023 Supervisor's Name: \_\_\_\_\_ FCAN Membership Number: \_\_\_\_\_

Frequency of supervision: \_\_\_\_\_ Length of each session: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**Additional Supervisor (if you have more than 1 Supervisor)** Supervisor's Name: \_\_\_\_\_

Frequency of supervision: \_\_\_\_\_ Length of each session: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

## Record of Supervision for 2021-2022

Attach your Record of Supervision sessions for 2021-2022 or complete this record of your Supervision:

<b>Session:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Comments</b>
Date													
Duration hour/s													
<b>Mode of delivery:</b>													
Face to Face													
Telephone													
Zoom/Teams Meeting													
<b>Type of Supervision:</b>													
Peer, Technical or Case Work Supervision (50%-100%)													
Clinical Supervision (0-50%)													
Group Supervision or Casework Conference (0-50%)													
<b>Areas Discussed:</b>													
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													
<b>Supervisee Name and Signature</b>													
<b>Supervisor Name and Signature</b>													



# Membership Renewal Form



## Part E – 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 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*]

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Part F - 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 FCAN Membership Number and your surname when making payment

**Credit Card:** Please fill in details below. Details are not retained by FCAN.  
We can only accept Visa or Mastercard

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

**Please Invoice our Agency: email address for invoice** \_\_\_\_\_

Financial Counsellors' Association of NSW Inc. ABN 71 720 817 858 Telephone: 1300 914 408  
Email: [admin@fcan.org.au](mailto:admin@fcan.org.au) Mail: FCAN, Suite 602, 267 Castlereagh Street, Sydney NSW 2000