

Membership Renewal Form

1 July 2024 – 30 June 2025



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

Student Associate Accredited Affiliate

*Student and Affiliate members – if you're upgrading to Associate you need to provide a copy of your Diploma and proof of employment by a financial counselling agency as a Financial Counsellor.

Part B – Employment Information

Name of Current Employer: _____

Your Position Title: _____

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

Students employed as Financial Counsellors, 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

2024-2025 Supervisor's Name: _____

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

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Part D – Supervision and CPD record

All Accredited and Associate members attach your Record of Supervision and CPD record with this Form. Students working as Financial Counsellors undertaking Supervision and CPD attach your Record of Supervision and CPD record with this 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, FCAN Supervision Policy and Guidelines and the National Professional 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 Student Financial Counsellor employed twenty (20) hours or more per week	\$220.00
Accredited, Associate and Student Financial Counsellor employed less than twenty (20) hours per week	\$110.00
Accredited, Associate and Student Financial Counsellor volunteer	\$ 55.00
Student - Diploma students not currently employed as a Financial Counsellor	\$ 55.00
Affiliate	\$220.00

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: Provide details below. We can only accept Visa and Mastercard.

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

Please Invoice our Agency: email address for invoice _____