

# New Member Application Form



**1 July 2024 – 30 June 2025**

## Part A – Personal Information

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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:

Student       Associate       Accredited       Affiliate

**All Applications:** When lodging this Form all applications must be accompanied by a current CV/resume

## Diploma in Financial Counselling:

If you are studying the Diploma in Financial Counselling your application must include proof of enrolment  
If you have completed the Diploma in Financial Counselling your application must include a copy of your  
Diploma and Academic transcript

## 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 working as Financial Counsellors, Associate and Accredited Applications 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 (ave/wk) ? \_\_\_\_\_

Agency Manager name: \_\_\_\_\_ Agency Manager phone: \_\_\_\_\_

Agency Manager email address: \_\_\_\_\_

Name of organisation/s that fund your position? \_\_\_\_\_

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

### FCAN Supervision requirements:

- The number of hours of Supervision 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
- It is the responsibility of the financial counsellor and their employer to arrange Supervision
- If you have more than 1 Supervisor - provide these additional details with your application

2024-2025 FCAN Approved Supervisor's Name: \_\_\_\_\_ FCAN Membership #: \_\_\_\_\_

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

## Part D - FCAN Membership Eligibility (to be completed by all applicants)

<i>Circle all applicable in the relevant columns to indicate your eligibility for membership.</i>	<b>Student/ Associate/ Accredited</b>	<b>Student/Affiliate</b>
1. I am employed or volunteer as a Financial Counsellor or Student Financial Counsellor	Yes	No
2. I will be working under the Supervision of an FCAN Approved Supervisor	Yes	No
3. I agree to undertake at least 20 points Continuing Professional Development (CPD) per year	Yes	No
4. I am employed by an organisation which is a credit provider or holds a credit licence	No	*Yes No
5. I am employed by an organisation that charges fees to clients for financial counselling or debt advice	No	*Yes No
<b>6. Have you:</b> 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 4, 5 or 6 you must provide further details to FCAN for the FCAN Board to consider when assessing your application.

## Part E – Declaration (to be completed by all applicants)

In completing this Application for membership I confirm that:

- The information that has been provided on this form, and the 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 on July 1 each year
- 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 provide with this application
- I have no objection to any relevant person(s) being contacted to assist in determining my eligibility for membership
- I understand that this application and my FCAN membership number and certificate will not be processed until all relevant parts of this form are complete, all additional information is provided 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: \_\_\_\_\_

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## 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 or volunteering as a Student Financial Counsellor	\$ 55.00
Affiliate	\$220.00

**NOTE: Payment of the prescribed fee is not confirmation that your application is approved.**

**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. We can only accept Visa and 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** \_\_\_\_\_

**OR I will provide payment upon confirmation that my application has been accepted**

Email: [admin@fcan.org.au](mailto:admin@fcan.org.au)

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