

Membership Renewal Form

1 July 2025 – 30 June 2026



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

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: ☐ 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

2025-2026 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.

* All 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 and lodging this Renewal Form I confirm that:

- The information I have provided is complete and correct in every detail
- I understand the FCAN Membership and Supervision requirements and have accessed and read the FCAN Membership Policy, the FCAN Supervision Policy & Guidelines and the National Professional 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 a) that I provide with this renewal form and/or b) that may impact my eligibility for membership.
- I have no objection to any relevant person(s) being contacted to assist in determining my eligibility for membership.
- I understand that my renewal and certificate will not be processed until all relevant parts of this renewal have been completed and are correct, any additional information requested is provided and payment has been processed.

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	\$242.00
Accredited, Associate and Student Financial Counsellor employed less than twenty (20) hours per week	\$121.00
Accredited, Associate and Student Financial Counsellor volunteer	\$ 55.00
Student - Diploma students not currently employed as a Financial Counsellor or Financial Capability Worker	\$ 55.00
Affiliate	\$242.00

Please tick your preferred Payment Option:

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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

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

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

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Please Invoice our Agency: email address for invoice _____