

Associate Member Application Form



1 July 2026 – 30 June 2027

Part A – Personal Information

First name: _____ Surname: _____

Year 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: _____

Associate Membership:

The entry level requirements for becoming an Associate Member of FCAN and ongoing member obligations are outlined in the FCAN Membership Policy.

All Applications: Must be accompanied by a true copy of your Diploma of Financial Counselling and Academic transcript and your current CV/resume.

If you are transferring your membership from interstate, you are also required to provide a copy of your current membership certificates and/or confirmation of membership.

Part B – Employment Information

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 (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

FCAN Supervision requirements:

- The minimum number of hours of Supervision for FCAN Associate and Accredited members:
 - 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

2026-2027 FCAN Approved Supervisor’s Name: _____ FCAN Membership #: _____

Frequency of supervision: _____ Length of each session: _____ Hours _____ Minutes

Part D - FCAN Membership Eligibility

<i>Circle all applicable to you to indicate your eligibility for membership.</i>	Eligible	Not eligible
1. I have completed the Diploma in Financial Counselling	Yes	No
2. I am employed or volunteer for a financial counselling service (as defined under the ASIC Licencing exemption)	Yes	No
3. I will be working under the Supervision of an FCAN Approved Supervisor and will undertake the number of hours outlined in Part C	Yes	Yes No
4. I will undertake at least 20 points Continuing Professional Development (CPD) per year	Yes	Yes No
5. I am employed by a credit provider, or holds a Credit Licence or AFSL	No	Yes
6. I am employed by an organisation that charges a fee for advice or debt management	No	Yes
7. Have you: 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 7 you must provide further details to FCAN for the FCAN Board to consider when assessing your application.

Part E – Declaration

In completing and lodging this Application for FCAN Associate Membership 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 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 application will not be assessed or confirmed until all relevant parts of this form have been completed accurately, any additional information requested is provided and payment has been processed.*

Signed: _____

Date: _____

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Part F - Fees and payment options:

Annual Fees (including 10%GST)	
Associate Financial Counsellor employed twenty (20) hours or more per week	\$242.00
Associate Financial Counsellor employed less than twenty (20) hours per week	\$121.00
Associate Financial Counsellor volunteer	\$ 55.00

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.

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

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

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