

Student Member Application Form



1 July 2026 – 30 June 2027

There are 2 categories of FCAN Student Membership:

Student Membership:

Is for students currently undertaking the Diploma in Financial Counselling but not currently employed as a Student Financial Counsellor.

Student Financial Counsellor Membership:

Is for students currently employed as a Student Financial Counsellor while undertaking the Diploma in Financial Counselling.

All Applications: Must be accompanied by evidence of enrolment in the Diploma of Financial Counselling and your current CV/resume.

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: _____

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 (ave/wk) ? _____

Agency Manager name: _____ Agency Manager phone: _____

Agency Manager email address: _____

Name of organisation/s that fund your position? _____

Part C – Supervision and CPD Requirements

Student Financial Counsellors

Students working as financial counsellors while undertaking the Diploma in Financial Counselling are required to undertake:

- Supervision with an FCAN approved Supervisor when they commence working with clients, and
- Relevant CPD to assist with their development.

Part D - FCAN Membership Eligibility

| <i>Circle the applicable responses in the relevant column to indicate your eligibility for membership.</i> | Student | | Student Financial Counsellor | |
|--|----------------|----|-------------------------------------|----|
| 1. I am employed or volunteer as a Financial Counsellor | No | | Yes | |
| 2. I will be working under the Supervision of an FCAN Approved Supervisor as per Part C (above) | No | | Yes | |
| 3. I will be undertaking CPD as per Part C (above) | No | | Yes | |
| 4. I am employed by an organisation which is a credit provider or holds a credit licence or AFSL | *Yes | No | *Yes | No |
| 5. I am employed by an organisation that charges fees to clients for financial counselling or debt advice | *Yes | No | *Yes | No |
| 6. 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 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

In completing and lodging this Application for FCAN 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: _____

Student Member Application Form



Part F - Fees and payment options:

| Annual Fees (including 10%GST) | |
|--|----------|
| Student Financial Counsellor employed twenty (20) hours or more per week | \$242.00 |
| Student Financial Counsellor employed less than twenty (20) hours per week | \$121.00 |
| Student Financial Counsellor volunteer | \$ 55.00 |
| Student undertaking the Diploma in Financial Counselling but not employed or volunteering as a Financial Counsellor or Financial Capability Worker | \$ 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