

# Training Course Application Form

## About this application

Important – please read this information carefully before you complete your application. Once you have completed your application, we strongly advise that you keep a copy for your records. It is important to note that this is an application to participate in a training course, not a direct enrolment form.

## Course overview

Please download and read through the Course Outline included on FCAN's website, which includes the course content and course units.

## Who should use this application?

Individuals who wish to practice as a Financial Counsellor in NSW, either through full-time employment, part-time employment or as a volunteer.

These individuals are those who wish to enrol into one of FCAN's training programs, whether they are already a member of FCAN or not.

**Note:** This form also acts as a Membership Application Form for the member category, 'Student in Training'. Further information is available at [www.fcan.com.au](http://www.fcan.com.au).

## Course fees

The fees for each of FCAN's training courses are as follows (all fees listed are GST exempt):

Course	Full Classroom Course	RPL or Assessment Only
Diploma of Community Services (Financial Counselling)	\$1200.00*	\$1200.00**
Individual Programs	Full Classroom Course	RPL or Assessment Only
Counselling Skills	\$1000.00	\$500.00
Financial Counselling	\$2000.00	\$0**
Gambling Counselling	\$600.00	\$300.00
Work Skills (by correspondence)	\$600.00	\$600.00
Supervision		

Please do not send payment with your application form. You will be sent an invoice if your application is successful.

The Financial Counsellors' Association of NSW receives funding from Fair Trading NSW, Department of Social Services (DSS) and Department of Industry & Investment NSW to conduct training courses.

\*The Full Classroom Course for the Diploma is partially funded (both the Counselling Skills and Financial Counselling programs are funded). Usually, the full course fee (without funding) is \$4200.00.

\*\*The RPL or Assessment Only pathway for the Diploma is partially funded (the Financial Counselling program is funded). Usually, the full course fee (without funding) is \$2400.00

## Unique Student Identifier

Any person undertaking a training program with FCAN from January 1, 2015 must obtain a Unique Student Identifier. Further information on the Unique Student Identifier can be found on FCAN's website at the following page:

<http://www.fcan.com.au/training/diploma-training/>

## Obligations

Applicants must ensure that they:

1. Attend all face-to-face training days
2. Attend the Creditor Negotiation day
3. Actively participate and commit themselves to their learning
4. Complete and submit all assessments and case studies by the scheduled due dates
5. Successfully complete the minimum sit-ins and talk-ins required

Applicants must ensure that they adhere to the eligibility criteria as set out under Section 3.1.5 of the By-Laws of the Constitution of the Financial Counsellors' Association of NSW Inc.

Inform the Financial Counsellors' Association of NSW if and when any of your personal or work details change.

Applicants must be prepared and committed to practice as a Financial Counsellor on successful completion of the training course.

## How to apply

Step 1 – Read the information about the course available on [www.fcan.com.au](http://www.fcan.com.au)

Step 2 – Access and read the Student Handbook that is available on [www.fcan.com.au](http://www.fcan.com.au)

Step 3 – Locate a Financial Counselling Service that is prepared to support your application – refer to [www.fcan.com.au](http://www.fcan.com.au) for list of agencies in your local area

Step 4 – Complete this FCAN Training Course Application Form

Step 5 – Lodge the application

To lodge your application you must provide the completed application and any attachments required. Refer to the 'Checklist' section of this application for documentation required to be supplied.

Applications may be lodged in person, sent by mail, fax or email. Your application should be lodged at one of the following addresses:

In person or by mail to:

**Suite 114, 410 Elizabeth Street  
Surry Hills  
NSW 2010**

By fax to:

**(02) 9212 4481**

By email to:

**training@fcan.com.au**

## What happens after you lodge the application

On receipt of your application, a member of FCAN's staff will review your application to ensure it is complete and all required documents have been provided/attached. You will receive an email confirming receipt of your complete application.

FCAN's Training Manager (or alternate member of staff if the Training Manager is not available) will review your application for the training program. The Training Manager will contact you to schedule a brief telephone interview with you.

As a result of this interview, you will be advised whether your application has been approved or not. If your application is refused, you will be given a reason for the decision.

Let the association know in writing if you change your address. If you change your residential address for more than 14 days while your application is being processed, you must tell the association your new address and how long you will be there. The association will send communication about your application to the latest address for correspondence you have provided.

## Enquiries

For any enquiries, please contact:

Training Manager

T: 1300 914 408

E: [training@fcan.com.au](mailto:training@fcan.com.au)

# Training Course Application Form



## Instructions:

Please use a black pen and write neatly in English. Please place either a tick or cross (X) in boxes where applicable. Where a question has multiple options, please select the one which best describes you.

**Do not** complete these questions until you have read the information pages at the front of this form. The information pages tell you about the training course you are applying for and what financial counselling is about.

## Part A – Personal Information

Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify) \_\_\_\_\_

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: ☐ Male ☐ Female

Unique Student Identifier: \_\_\_\_\_

Residential Address: \_\_\_\_\_

(Note: a post office box address is not acceptable as a residential address.)

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

(Note: only complete this if your postal address is different from your residential address. This must not be a work address.)

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone no.: (\_\_\_\_) \_\_\_\_\_ Mobile Phone no.: \_\_\_\_\_

Work Phone no.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## Part B – Employment

Name of Current Employer: \_\_\_\_\_

(Note: please enter the name of the Financial Counselling service or agency that you currently work or volunteer for here. If you do not currently work or volunteer for a Financial Counselling service or agency, please enter your current employer's name.)

Street Address: \_\_\_\_\_

(Note: a post office box address is not acceptable as a street address.)

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

(Note: only complete this if your postal address is different from your residential address.)

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Part C – Training Course

1. To enrol into the full Diploma course, please tick the following box:

☐ **Diploma of Community Services (Financial Counselling) (incl. all 4 clusters)**

1. Or, to enrol into individual programs, please tick the relevant box/es below:

☐ **Financial Counselling**      ☐ **Counselling Skills**  
☐ **Gambling Counselling**      ☐ **Work Skills**  
☐ **Supervision** (not part of the Diploma qualification)

2. Please tick the box for the method of training you would like to undertake

☐ **Full training course**  
☐ **Recognition of Prior Learning (RPL)**

Course location: \_\_\_\_\_

Course start date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

How did you learn about this course?

☐ FCAN website/brochure      ☐ Colleague/friend      ☐ Government agency  
☐ Other (please specify): \_\_\_\_\_

## Part D – Supporting Service/Agency (for new students only, not required for RPL)

Note: Your Sponsor **MUST** be a fully accredited and currently practising Financial Counsellor and member of FCAN.

Name of Sponsor's Agency: \_\_\_\_\_  
 (Note: please enter the name of the Financial Counselling service or agency that your sponsor currently works for here.)

Address of Sponsor's Agency: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Sponsor's FCAN Membership no.: \_\_\_\_\_

Sponsor's Position: \_\_\_\_\_

Work Phone no.: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone no.: \_\_\_\_\_

Email: \_\_\_\_\_

### Sponsor Declaration:

*I confirm that I have agreed to support this participant in their program of study with FCAN. I understand and accept my responsibilities as a sponsor as outlined in the Student Handbook, which I have accessed and read from [www.fcan.com.au](http://www.fcan.com.au). I am committed to providing the participant with guidance and the opportunity to participate in sessions with my client during their study, in order to complete the practical/experience requirements of the course.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Part E – Statistical Information

**Country of Birth:** ☐ Australia ☐ Other (please specify) \_\_\_\_\_

**Language spoken at home:** ☐ English ☐ Other (please specify) \_\_\_\_\_

**How well do you speak English?:** ☐ Very well ☐ Well ☐ Not well ☐ Not at all

**ATSI Status:** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

**Do you consider yourself to have a disability?:** ☐ Yes ☐ No

If yes, please indicate the area of your disability (you may select more than one area if applicable):

☐ Hearing ☐ Physical ☐ Intellectual ☐ Learning ☐ Vision

☐ Mental Illness ☐ Medical Condition ☐ Acquired Brain Impairment ☐ Other

**Are you currently attending school?:** ☐ Yes ☐ No

**Highest level of schooling completed:** ☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9

☐ Year 8 or below ☐ Did not attend school

**What year did you complete this level of schooling?:** \_\_\_\_\_

**Since completing school, have you successfully completed any qualifications?:** ☐ Yes ☐ No

**Level of qualification/s completed:** ☐ Bachelor or Associate Degree ☐ Advanced Diploma

☐ Diploma ☐ Certificate IV ☐ Certificate III ☐ Certificate II

☐ Certificate I ☐ Miscellaneous

**Current employment status:** ☐ Full time employee ☐ Part time employee

☐ Self employed – not employing others ☐ Employer ☐ Unemployed – seeking work

☐ Unemployed – not seeking work ☐ Unpaid worker in family business

**What is the main purpose of your study?:**

☐ To get a job ☐ To develop my existing business ☐ To start a business

☐ To try for a different career ☐ To get a better job or promotion ☐ It was a requirement of my job

☐ I wanted extra skills for my job ☐ To get into another course of study

☐ Personal interest or self-development ☐ Other

## Part F – Checklist

I confirm that I have attached each of the following documents as required to be included with my application:

- ☐ My current, up-to-date detailed CV (must include at least your last 3 positions and cover at least the last five years of employment, voluntary work and community involvement as a minimum)
- ☐ Copies of my qualifications and transcripts (any qualification that you have completed since leaving school, including list of subjects/units completed)

## Part G – Declaration

I confirm that:

1. The information that has been provided on this form, and on any attachments to it, is complete and correct in every detail
2. I have accessed and read the Student Handbook and Membership Policy and Procedures available on FCAN's website
3. I have read the notes at the front of this application
4. I am aware of the conditions that may apply and that I am required to abide by them
5. I am aware that I must advise FCAN immediately I am aware of a change in circumstances relating to any information I have provided in or with this application
6. I have no objection to any relevant person(s) being contacted to assist in determining my eligibility for this course
7. I have obtained and read the articles relating to Conflict of Interest from my agency and agree to be bound by them
8. Tick this box if you do not give permission for your name to appear on FCAN's website in the Member Listing section ☐ (NB: your name will only appear once you achieve Associate Membership status)

Additionally, if I am applying to undertake the Supervision course, I confirm that:

9. I am committed to providing supervision to other Financial Counsellors for at least the next two years
10. I agree that, should I successfully complete this Supervision course, my name, contact phone number and email address is to be made available to other Financial Counsellors on FCAN's website member portal

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

## Part H – FCAN Office Use Only

Application Form received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmation of receipt email sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked by: \_\_\_\_\_

Entered into OnCourse by: \_\_\_\_\_

Invoice sent: ☐ Yes ☐ No Invoice Number: \_\_\_\_\_