

## Application for Transition from Associate Member to Full Membership – Form M2

Once you have been working as a Financial Counsellor for 2 years FTE you are eligible to apply to become a Full Member. As per “[National Standards for Membership & Accreditation](#)” page 6 You must also “have had 24 months full-time experience working as a financial counsellor AND Holds the Diploma of Community Services (Financial Counselling) AND If working as a financial counsellor, meets requirements for continuing professional development and supervision OR If not working as a financial counsellor, meets requirements for continuing professional development.”

In order to assess your application please meet with your SAFCA Approved Supervisor and complete the “SAFCA Supervision Framework” to the minimum requirement of level 2. Based on satisfactory supervision and assessment, the Supervisor will complete the Supervisor Report – to support the application from Associate to Full Membership.

Please detail the <b>total hours</b> in which you have been practicing as a financial counsellor using the formula below. <b>with at least 2 years FTE (38 hours x 52 weeks x 2 years = 3,952 hours) this is calculated below by using A x B x C = D</b>			
<b>Please use as many rows as required (1 row per calculation)</b>			
<b>A =</b> Number of hours per week	<b>B =</b> Weeks of the year	<b>C =</b> Number of years	<b>D =</b> Total
EXAMPLE CALCULATION:			
A = 20 hours p/w	B = 52 weeks	C = 1.5 year	D= 1560 hours
A = 34 hours p/w	B = 52 weeks	C = 2 years	D = 3536 hours
<b>So 1560 hours + 3536 hours = 5096 which is above the minimum 3952 hours and therefore meets the requirements.</b>			
A =	B =	C =	D =
A =	B =	C =	D =
A =	B =	C =	D =
A =	B =	C =	D =
A =	B =	C =	D =
A =	B =	C =	D =
A =	B =	C =	D =
A =	B =	C =	D =
A =	B =	C =	D =
A =	B =	C =	D =
A =	B =	C =	D =

***Please scan and email completed form and related documents to: SAFCA Membership Officer  
[admin@safca.org.au](mailto:admin@safca.org.au)***

Transition to Full Member Application:

Name: \_\_\_\_\_

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

Phone contact: Work: \_\_\_\_\_

Personal Mob: \_\_\_\_\_

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

Agency you work for: \_\_\_\_\_ Your role: \_\_\_\_\_

I am applying to become a Full SAFCA Member. I am an existing Associate Member of SAFCA.

I have attached:

- "The Supervisors Report - To support the Application for a transition from Associate to Full Member" completed by your SAFCA Supervisor
- Certified copy of my Diploma of Community Services (Financial Counselling) certificate

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