



## Membership Application Form

**Person 1:**

No email?

(First name) (Surname) (Email)

**Person 2:**

(If applicable)

No email?

(First name) (Surname) (Email)

of

(Address) (Suburb) (Post Code)

Mobile: **Person 1:**

No mobile?

Mobile: **Person 2:**

No mobile?

Home Phone:

No home number?

Name of Agency:

**How would you like to receive the newsletter? (Please circle one):**

**Person 1:** Post / Email **Person 2:** Post / Email

*We won't flood your mailbox, but if you provide your email address, we would like to send you our e-news once every couple of months. You can always unsubscribe if this doesn't suit you.*

### Type of Membership

Please tick one box per person from the table below. Select the box which corresponds with the basis by which you are applying for membership. For 'Associate Member' also select the relevant category.

MEMBERSHIP TYPE	Person 1	Person 2	CRITERIA/CATEGORY
Full Member	<input type="checkbox"/>	<input type="checkbox"/>	Person providing *Home Based Care
	<input type="checkbox"/>	<input type="checkbox"/>	Former provider of *Home Based Care
	<input type="checkbox"/>	<input type="checkbox"/>	Person over 21 years of age who is or has been in *Home Based Care
Associate Member	<input type="checkbox"/>	<input type="checkbox"/>	<i>If applying to become an Associate Member, please tick the relevant category here</i> <div style="display: flex; justify-content: space-between;"> <div>1. Adoptive parent <input type="checkbox"/></div> <div>2. Permanent <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>3. Supporter <input type="checkbox"/></div> <div>4. Kinship carer <input type="checkbox"/></div> </div>

I agree to be bound by the Association's Rules. This document may be obtained by contacting the Association or can be viewed at [www.fcav.org.au](http://www.fcav.org.au).

\_\_\_\_\_  
**Person 1 Signature:**

\_\_\_\_\_  
**Person 2 Signature:**

\_\_\_\_\_  
(Date)

The Board of Directors meet on a bi-monthly basis and membership applications are considered at that time. You will receive formal acknowledgement of the outcome of your application. Members' personal details will be kept in accordance with the Association's privacy policy which may be obtained by contacting the office or can be viewed at [www.fcav.org.au](http://www.fcav.org.au).

**\*Home based Care** means foster care or permanent care converted from a prior foster care arrangement.

Please post to FCAV Inc, Level 1, 398 Smith St, Collingwood VIC, 3066 or fax to (03) 8415 0297

## Foster Care Association of Victoria

The Foster Care Association of Victoria (FCAV) is the peak body for foster carers within the Victorian system. Our purpose is to provide information, support and advocacy to carers that ensure they can offer children and young people in their care a healing environment which assists the child or young person to reach their full potential.



### Support

- ✓ Provides you with an independent perspective on questions or concerns you have relating to foster care.
- ✓ Provides clarification about your rights and responsibilities as a foster carer.
- ✓ Provides attendance at meetings for support.
- ✓ Regional visits to carer groups to learn what issues are affecting carers in your area.
- ✓ Act as another support if you are experiencing difficulties with your foster child.

### Information Sharing

- ✓ Bring you up-to-date information about foster care through regular newsletters and e-News publications.
- ✓ Provide you with accurate and concise information through our Info Sheet series.
- ✓ Provide you with an informative and easy to navigate website.
- ✓ Offer training opportunities (some free) with leading practitioners in raising foster children.
- ✓ At the policy level, we represent your views and work to improve the foster care system through government consultation to influence policy development.
- ✓ Provide summaries of staff and/or carer attendance at training, seminars and conferences to ensure the information learned is shared across our carer membership.

### Advocacy

- ✓ Our participation in policy, sector and government working groups ensures the interests of carers are considered in all levels of policy and best practice.

### Get help/ have your say/ create change/ join voices

- ✓ Your community service organisation or foster care agency undertakes your caregiver assessment, facilitates training and is the contact for and offers support to you in your caring role with children and/or young people. Separate to this, the FCAV is the voice of foster carers and this voice, works to improve the system for the children and young people we care for. FCAV responds to government consultations to influence policy development. We also drive action on themes that we see emerging through carers calling the Carer Information and Support Service (CISS) and as the voice of foster carers to represent your views in our responses to Government. Become a member of FCAV and add your views as foster care families to our work, and assist in ensuring a better system for our young people.

Help & information is available to you at the [Carer Support Service](#) or by email to [admin@fcav.org.au](mailto:admin@fcav.org.au) or by phone at (03) 9416 4292 during business hours.

FCAV is a valuable addition to your toolkit to help navigate the foster care journey.

Visit FCAV's website at [www.fcav.org.au](http://www.fcav.org.au) for more details.