

**COUNCIL FOR GENERAL MINISTRY PRACTITIONERS (CGMP)**

**ASSOCIATED AFFILIATION APPLICATION FORM (2025)**

(Version 4.03)

This form is used to apply for Associated Affiliation with ACRP’s Council for General Ministry Practitioners (CGMP). This category of affiliation is for persons who are informally (i.e. not professionally / occupationally) involved in ministry, but who want to be associated with the professional body. They could, for example, be elders or deacons who spend only a few hours per month on their ministry work, or even support staff of a ministry, such as administrators. This category of affiliation is also for persons who are not in a specific ministry, but who merely want to join ACRP because they support the goals of the organisation. A person who is already functioning as a pastor or in another professional ministry capacity, should apply for a designation on the relevant level, using the appropriate application form. For information on the categories of affiliation and to read the ACRP General Information document, please visit the ACRP website at https://[www.acrpafrica.co.za](http://www.acrpafrica.co.za).

**Please read everything carefully and answer all the questions.**

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| **1. PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National ID No. [533]: | | | | | |  | | | | | | | | | Temporary ID No. [531]: | | | | | | |  | | | | | | | | | |
| Non-SA Citizen Passport / ID No. [527]: | | | | | |  | | | | | | | | | Nationality: | | | | | | |  | | | | | | | | | |
| Title (Ps, Bp, Mr, Mrs, etc): | | | | | |  | | | | | | | | | Initials: | | | | | | |  | | | | | | | | | |
| Name: | | | | | |  | | | | | | | | | Middle name: | | | | | | |  | | | | | | | | | |
| Surname: | | | | | |  | | | | | | | | | Preferred name: | | | | | | |  | | | | | | | | | |
| Date of birth [dd/mm/yyyy]: | | | | | |  | | | | | | | | | Male: | | | |  | | | | Female: | | | | |  | | | |
| City/Town: | | | | | |  | | | | | | | | | Postal Code: | | | |  | | | | | | | | | | | | |
| **Province – indicate applicable with an X** | | | | | | | | | | | | | | | | Western Cape [1]: | | | | | |  | | Eastern Cape [2]: | | | | | |  | |
| Northern Cape [3]: | | | | | | |  | | Free State [4]: | | | | |  | | KwaZulu Natal [5]: | | | | | |  | | North West [6]: | | | | | |  | |
| Gauteng [7]: | | | | | | |  | | Mpumalanga [8]: | | | | |  | | Limpopo [9]: | | | | | |  | | Outside SA [X]: | | | | | |  | |
| **Residential status – indicate with X** | | | | | | | | | South Africa [SA]: | | | | |  | | Other [O]: | | | | | |  | | Unknown [U]: | | | | | |  | |
| Phone number used in communication with ACRP: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| E-mail address used in communication with ACRP: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Language(s): Home: | | | |  | | | | | | | | | | Other: | | | | | |  | | | | | | | | | | | |
| **Population group: Required by SAQA for statistical purposes – indicate with an X** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| African [BA]: | |  | | | Coloured [BC]: | | | | | |  | Indian/Asian [BI]: | | | | |  | | | White [Wh]: | | |  | | | Other [Oth]: | | |  | | |
| **Disability: Required by SAQA for statistical purposes – indicate with an X** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None [N]: |  | | Sight [1]: | | | | |  | | Hearing [2]: | | |  | | Speech [3]: | | |  | | | Physical [4]: | | | |  | | Other [Oth]: | | | |  | |

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| **2. PRESENT OCCUPATION / POSITION** | | | | | | | | | | |
| **An Associated Affiliate is a person who is not professionally / formally involved in a ministry.** | | | | | | | | | | |
| **2.1 Current ministry involvement – indicate with X** | | | | | | | | | | |
| Are you currently professionally involved in ministry? (E.g. pastor/junior pastor/bishop etc.?): | | | Yes: | |  | | No: | |  | |
| If “yes”, what is your involvement (position/title)? |  | | | | | | | | | |
| Are you currently non-professionally involved in ministry? (E.g. elder/deacon/Sunday school teacher, etc?): | | | | Yes: | |  | | No: | |  |
| If “yes”, what is your involvement (position/title)? |  | | | | | | | | | |
| **2.2 Other work (if applicable) – indicate with X** | | | | | | | | | | |
| What is your main occupation (if different from 2.1 above)? | |  | | | | | | | | |

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| **3. Reason for applying for affiliation with ACRP:** | |  | | |
| **4. DECLARATION** | | | | |
| I (name and surname): |  | | | |
| hereby apply to be registered as an Associated Affiliate of ACRP and confirm that I am not professionally / formally involved in ministry but want to be associated with the professional body. I agree to abide by ACRP’s Codes of Ethics and disciplinary processes.   * In joining ACRP as associated affiliate, I accept the responsibility to pay the prescribed affiliation fees annually to remain in good standing (annual renewal date is 31 December). (Annexure 1) * Should I decide to cancel my affiliation, I will do so in writing. I agree to a notice period of **three calendar months**, and understand that any monies already paid into the ACRP account will be **non-refundable**. (Annexure 1) * I undertake to inform the ACRP office of any changes in my email address or other contact information. * I have included the prescribed documents (see below, Note 2). * I have paid (or will immediately pay) the relevant fees as referred to in Annexure 1, into the ACRP Bank Account (see bank account details below), using my ID number, initials and first letter of my surname as reference(see Note 2). * I understand that as an associated affiliate, I am expected to behave in a moral and ethical manner. Abuse, rudeness or unprofessional behaviour towards my colleagues, the public or ACRP staff will not be tolerated and may lead to disciplinary steps   I declare that I am not on the list as intended in section 51 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act no. 32) of 2007. (A person whose name does appear on the list as intended in the Act must delete this statement and bring this under the attention of the ACRP office.) | | | | |
| **POPI ACT AUTHORISATION** | | | | |
| * I understand and acknowledge that the information provided in this document is provided with consent as per Section 11 of the Protection of Personal Information Act No. 4 of 2013, and may be utilised for any purpose related to the functioning of the organisation. This includes information referred to in Section 28 of the Act which refers to an affiliate’s religious beliefs. * I understand and agree that the names and contact details of affiliates are available to affiliates and partners of ACRP. * I hereby also give my permission that ACRP may use my contact information to send me their newsletter and other information they deem appropriate. Should I not want my contact information to be available in this way, I will inform ACRP accordingly.   I hereby declare that the information provided in this form is correct and can be verified on request. | | | | |
| **Signature (not typed):** |  | | **Date:** |  |

**Note 1: This form must be completed and signed by the applicant and submitted as follows:**

* The form may be scanned and submitted via e-Mail to the CGMP/CMTP Administrator at: [cgmp@acrpafrica.co.za](mailto:cgmp@acrpafrica.co.za)
* All fields must be completed, and handwritten answers must be readable.
* The signature may be electronic, but NOT typed.

**Note 2: The following must accompany the application:**

* Proof of payment of the application fee according to Annexure 1, into the ACRP Bank Account (see below).
* Copy of your identity document or passport.

**Note 3: Please also note that if the application form is not fully completed, or if there are any outstanding**

**documents (ID, qualification certificates, proof of payment, etc) the application cannot be finalised. If not submitted within two months of the date on the application form, the application for registration, as well as any fees already paid, may lapse and the applicant will have to re-apply for affiliation.**

**Note 4: Please take note that it can take up to 4 weeks to process the application. Should you have any**

**queries regarding the status of your application, please contact the ACRP office.**

**ACRP Bank Account Details:**

**Bank:** ABSA

**Account name:** ACRP

**Account no:** 408 540 3421

**Branch No:** 632 005

**Account type:** Cheque

**Reference:** Your ID no. (or Passport no. if you are a non-SA citizen), followed by your initials and the first letter of your surname.

**ANNEXURE 1 – Fee structure 2025 (For application as Individuals) \***

In joining ACRP as affiliate or designated person, the applicant accepts the responsibility to pay the prescribed affiliation fees annually (by 31 December) to remain in good standing.

Should the applicant decide to cancel his/her affiliation, s/he will do so in writing, with a notice period of **three calendar months** and the understanding that any monies already paid into the ACRP account will be non-refundable.

Applications received in the **1st Term (January – April)** must pay **the full annual fee** and the registration will be **valid from first registration date until 31 December of the *same* year**.

Applications received in the **2nd Term (May – August)** will only be charged **75% of the annual fee** and the registration will be **valid from first registration date until 31 December of the *same* year.**

Applications received in the **3rd Term (September – December**) will be treated as applications for the following year and the relevant **increased annual fee will apply** as this registration will be **valid from first registration date until 31 December the *following* year.**

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| **Registration category** | **Once off application fee** | **Annual fee 1st Term (Jan-Apr)** | **Annual fee 2nd Term (May-Aug)** | **Annual fee 3rd Term (Sept-Dec)** |
| Associated Affiliate (no specific designation) | R250 | R330 | R250 | **2026 fees to apply** |

\* Yearly increase of approximately 5% to be implemented.

Applicants who cannot afford the fees may apply *in writing* for a reduction (sponsorship) from the ACRP office.

**ANNEXURE 2**

**ASSOCIATION OF CHRISTIAN RELIGIOUS PRACTITIONERS (ACRP)**

**CGMP & CMTP RULES OF AFFILIATION AND DESIGNATION**

• Pastors and other persons in ministry linked to ACRP are referred to as “affiliates”. Affiliates may be registered with ACRP ***with*** or ***without*** a “designation”.

• “***Designation***” is the term used to indicate a professional level which is formally registered with SAQA via a professional body. A *designation* is awarded to a person who has the required SAQA recognised1 qualification(s), or alternatively has proved competence via a process of *Recognition of Prior Learning (RPL)*.

• ACRP recognises four levels of designation, namely ***religious practitioner, advanced religious practitioner, religious professional*** and ***religious specialist*** - see below for the relevant requirements.

• Affiliates are expected to subscribe to an approved code of ethics and good practice, will be subject to an approved disciplinary / accountability dispensation, and must participate in an ACRP registered Continued Professional Development (CPD) programme.

**The categories of registering persons in ministry with ACRP as the professional body are as follows:**

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| **CGMP & CMTP affiliation category / designation level** | **Direct route (designation awarded via a ministry or theology qualification recognised1 by SAQA)** | **Alternative route (the applicant has no SAQA recognised1 ministry or theology qualification - designations applied for via RPL)** |
| **Religious practitioner**  (af­filiate with designation level 1) | Not applicable | NQF Level 2 or higher non-ministry qualification + one year confirmed2 ministry experien­ce; or no such qualification + two years confirmed2 ministry experien­ce. |
| **Advanced religious practitioner** (affiliate with designation level 2) | NQF Level 2 or higher ministry or theology qualification | Recognition of Prior Learning (RPL):  •Portfolio of Evidence (PoE) of work experience and formal, informal, and non-formal training  •Competence test based on the ACRP / QCTO job profile / Bridging programmes as determined in accordance with outcomes of PoE3  •Participation in structured CPD programme  •Person will be invited into a training career towards an advanced designation level |
| **Religious professional** (affiliate with designation level 3) | NQF Level 5 or higherministry or theology qualification (occupational / higher certificate, diploma, B degree, B Hons degree) |
| **Religious specialist** (affiliate with designation level 4) | NQF Level 9 or higher ministry or theology qualification (Masters’ degree, Doctorate) | Applicable to persons with non-ministry ***but ministry relevant*** qualifications on M or D level |

1A “SAQA recognised qualification” is a South African qualification registered on the SAQA website or a foreign qualification that was evaluated and approved by SAQA.

2Confirmed: letter of third party involved in the relevant Ministry; or confirmation by an ACRP recognised intermediary.

3Not applicable to those applying for the designation of Religious Practitioner.

Please read the *Rules of Designation* document (available from the ACRP website: <https://www.acrpafrica.co.za>) for more information.