

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

**APPLICATION FORM (INDIVIDUAL)**

(Version 5.01)

**1. PERSONAL INFORMATION**

National ID No: ……………………………………… [533] OR Temporary ID No: ……………………………………… [531]

OR Non-SA Citizen: Passport / ID number: ………………………………… [527] Nationality: ……………………………...…

Title: ……… Initials: ………. Name: …………………………... Middle name: ………………………………………………...

Surname: ......................................................................................... Preferred Name: …………….……………………………….

Date of birth: (dd/mm/yyyy): .........../…........./............. Gender: [ M ] [ F ]

City / Town: ................................................................................................................................. Postal Code: ..............................

Province: [1] Western Cape [2] Eastern Cape [3] Northern Cape [4] Free State [5] KwaZulu Natal [6] North West

[7] Gauteng [8] Mpumalanga [9] Limpopo [X] Outside SA

Residential status: [SA] South African [O] Other [U] Unknown

Phone number used in communication with ACRP: ……............................................................................................................

E-Mail address used in communication with ACRP: ……………….............................................................................................

Language: Home.................................................. Other……….............................................................

**Required by SAQA for statistical purposes – indicate with an X**:

Population Group: [BA] African [BC] Coloured [BI] Indian / Asian [Wh] White [Oth] Other

Disability [Yes] [No] If “yes”, specify: .............................................

**2. MINISTRY INVOLVEMENT: PRESENT**

**2.1 Current ministry involvement:**

**Current ministry name:** …………………………………………………………………………………………………………

Which church / denomination / network is this ministry part of? …………………………………………………………………

Your ministry type: [1] Local church [2] Teaching institution [3] Counselling ministry [4] Youth / childcare ministry

[5] Other (please specify): ……………………………………………………….

Web address of ministry: ……………………………………………………….

Your ministry position:………………………………………………………….

Name of INTERMEDIARY organisation (if applicable): ……………………………………………………………

**2.2 Total years in ministry (including current and previous ministry experience):** Part-time:............... Full-time: …………

**2.3 What is the primary source of income?**

[1] Ministry [2] Non-ministry work [3] I do not have a regular income [4] Other (please specify):

……………………………………………………………………………………………………………………………..

**3. QUALIFICATIONS AND TRAINING (Please attach copies of all your ministry certificates)**

**3.1** Do you have Matric? **[Yes] [ No ]** (please provide copy of highest school certificate if possible)

**3.2** Highest ministry qualification: ………………………………………………...…………………………………….

Institution: …………………………………………………………………………… Year: ……………………………….

**3.3** Highest other qualification / training: Name of course: …………………………………...………………...……………

 Institution: …………………………………………………………………… Year: ……………………………….

**3.4** Did you receive any special training provided by the networking organisation you are part of? **[Yes] [No]**

Please provide information: …………………………………………………………………………………………….

**3.5 Other ministry relevant training:** Please provide the following information on a separate page and attach it to the application form: (a) Name or nature of the course(s) (b) The institution(s) where it was done (c) The year completed.

**4. REFERENCES**

Please attach to this application a letter by an official or responsible member of your church or ministry confirming that you are in ministry and also confirming your position or function in the church / ministry. The letter of confirmation must contain the name and contact details of your church or ministry (preferably a letterhead). The name, contact details and position in the church / ministry of the person who signed the letter must also be provided and be clearly legible.

**5. DECLARATION**

I, …………………………………………………………………..., hereby declare that I am involved in the Christian ministry as indicated above. I share a commitment to Biblical truth and to ministry excellence. I agree to abide by ACRP’s Codes of Ethics and disciplinary processes as published on the ACRP website. To remain in good standing with the professional body I commit to participate in an ACRP approved Continuing Professional Development (CPD) programme and during each year to earn the required CPD points (at least 20 structured CPD points).

* In joining ACRP, I agree to the arrangement regarding fees as set out in Annexure 2.
* Should I decide to cancel my affiliation, I will do so in writing and in a manner as set out in Annexure 2.
* I undertake to inform the ACRP office of any changes in my 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 2, 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 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.)
* I hereby declare that the information provided in this form is correct and can be verified on request.
* I understand that ACRP applies principles of confidentiality of personal information as intended in the South African regulatory framework. I take note 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.

Signature: ......................................................... Date: ................................................................

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

• The form can be submitted to the designated ACRP official or at the Intermediary Institution who assists with the application process.

• Alternatively, if the application is not processed by an Intermediary Institution, it may be scanned and submitted via e-Mail to: acrp@acrpafrica.co.za

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

• Proof of payment of the application fee according to Annexure 2, into the ACRP Bank Account (see below).

• Copy of your identity document or passport.

• Copies of your training or qualification certificates, if applicable.

• A letter by an administrator or member of your church or ministry, confirming that you are in ministry and also confirming your position or function in the church / ministry (see Section 4 of the application form).

• If available, a copy of your ordination certificate.

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

**outstanding documents (ID, qualification certificates, letters of confirmation of ministry involvement, proof of payment if applicable, etc) the application cannot be finalised. If not submitted within two months of the date on the application form, the application for registration 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 (or the office of the intermediary organisation / institution, if applicable).**

**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 you surname.

**ANNEXURE 1**

**ACRP REGISTRATION / AFFILIATION CATEGORIES**

• 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 recognised by 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 accredited Continued Professional Development (CPD) programme.

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

|  |  |  |
| --- | --- | --- |
| **Category**  | **Formal requirement** | **Alternative route** |
| **Religious practitioner** (af­filiate with designation level 1) | Person with Matric: One year proven2 ministry experience and RPL  | Person with no Matric: two years proven2 ministry experien­ce and RPL (process: see “alternative route” column) |
| **Advanced religious practitioner** (affiliate with designation level 2) | NQF Level 2 or 4 ministry qualification | Recognition of Prior Learning (RPL): • Portfolio of Evidence (PoE) of work experience and formal, informal, and non-formal training• Competence test base 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, 6, 7 or 8 ministry qualification (occupational / higher certificate, diploma, B degree, B Hons degree)  |
| **Religious specialist** (affiliate with designation level 4) | NQF Level 9 or 10 ministry qualification (Masters’ degree or Doctorate)  | Applicable to persons with non-ministry ***but ministry relevant*** qualifications on M or D level |

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

2Proven: 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.

**Annexure 2**

**(For application via Individuals)**

In joining ACRP as affiliate or designated person, the applicant accepts the responsibility to pay the prescribed affiliation fees annually (on the anniversary of his/her registration date) 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration category** | **Once off application fee** | **Annual fee \*** | **Total 1st****payment** |
| Associated Affiliate (no specific designation) | R200 | R300 | R500 |
| Religious Practitioner (1st level of designation) | R200 | R300 | R500 |
| Advanced Religious Practitioner (2nd level of designation) | R200 | R350 | R550 |
| Religious Professional (3rd level of designation) | R200 | R450 | R650 |
| Religious Specialist (4th level of designation) | R200 | R600 | R800 |

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