

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

**COUNCIL FOR MINISTRY TRAINING PRACTITIONERS (CMTP)**

**Associated Affiliate Application Form**

(Version 0.4)

This form is used to apply for **associated affiliation** with ACRP via one of the ACRP Councils. 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 be elders, deacons or even support staff of a ministry such as administrators who spend only a few hours per month on their ministry work. This category 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.

For information on all categories of affiliation, see Annexure 1. Please also read the ACRP General Information document, or visit https://[www.acrpafrica.co.za](http://www.acrpafrica.co.za).

**Please indicate via which Council you want to apply for affiliation with ACRP:**

[ ] Council for General Ministry Practitioners (CGMP), **OR**

[ ] Council for Ministry Training Practitioners (CMTP)

**1. PERSONAL INFORMATION**

Surname: ........................................................................................ Initials: ................ Title: ..................................

Full names: …...........................................................................................................................................................

Preferred name: ........................................................................................................................................................

Date of birth: (dd/mm/yyyy): .........../…........./............. Gender: [Male] [Female]

Nationality: Id No: .................................................................................

Non-South African Citizen: Passport No: ....................................................................

Street address: ..........................................................................................................................................................

Postal address: ...........................................................................................................................................................

Postal code: ................... E-Mail address: ................................................................................................................

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

Cell Number to be used in communication with ACRP: ………………...................................................................

**2. MINISTRY OR OTHER WORK / PRESENT POSITION**

**If the applicant is informally (not professionally) involved in ministry, please provide the following information:**

**2.1 Ministry:**

Name of church / ministry: .......................................................................................

Involvement (e.g. elder, deacon, Sunday School Teacher etc.): …………………………………………………………

**2.2 Other work**

Main occupation (if applicable): .............................................................................................................................

**3. REASON FOR APPLYING FOR AFFILIATION WITH ACRP**

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

**4. REGISTRATION CATEGORY APPLIED FOR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Registration category** | **Once off application fee** | **Annual fee \*** | **Total 1st**  **payment** |
| X | Associated Affiliate (no specific designation) | R200 | R300 | R500 |

Applicants who cannot afford the fees may apply for a reduction (sponsorship) from the ACRP office. ***Organisations or institutions that act as intermediaries between ACRP and individual persons in ministry*** can also negotiate reduced fees with ACRP, in which case the reduced fees will apply to the individuals who submit their applications via the intermediary.

**5. DECLARATION**

I, …………………………………………………………………..., hereby apply to be registered as an Associated Affiliate of ACRP and confirm that I am not professionally / occupationally 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 of ACRP.

In joining ACRP as an Associated Affiliate, I accept the responsibility to pay the prescribed affiliation fees annually (on the anniversary of my registration date) to remain in good standing.

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.

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) and have paid (or will immediately pay) the application fee plus the first year’s affiliation fee as referred to in Section 3 above, into the ACRP Bank Account (see bank account details below), using my ID number, initials and first letter of my surname as reference\*\*.**

I hereby declare that the information provided in this form is correct and can be verified on request.

I also take note that the names and contact detail of affiliates are available to affiliates and partners of ACRP

I hereby 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 application form must be submitted as follows:**

• The form may be scanned and submitted via e-Mail to: [acrp@acrpafrica.co.za](mailto:acrp@acrpafrica.co.za)

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

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

• Proof of payment of the application fee plus the first year’s annual fee (see Section 3 above) into the ACRP Bank Account\*\*

• Copy of your identity document or passport.

**Note 3: Please note that proof of payment must be submitted together with the application form. If**

**proof of payment is not received, the application cannot be processed**

**Note 4: 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, 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 registration fee may be forfeited. In this case the applicant will have to re-apply for affiliation.**

**Note 5: 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 (see logo on the front page for contact details).**

**ACRP Bank Account Details:**

**Bank:** ABSA

**Account name:** ACRP AMTP

**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.

**If this application is part of a group application or submitted by an intermediary, please**

**identify the intermediary: ……………………………………………………………………….**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Fees as proposed by the PE leadership to be confirmed by the ACRP Board.

\*\* Please note: your application will only be processed once the application fee plus the first year’s annual fee have been paid into the bank account. ***If you do your registration through an Intermediary Organisation (denomination, network, etc.) please confirm with the contact person of the intermediary how the fees should be paid.***

**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)*.

• A person in ministry who does not have the required formal, SAQA recognised1 qualifications and who did not yet go through a process of RPL is merely registered with ACRP as an affiliate. Steps to be awarded a designation may follow afterwards - it is recommended but not set as a requirement.

• 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, 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** |
| ***Associated Affiliate*** (no designa­tion recorded) | Non-occupational involvement in ministry of “friend of the professional body” | Not applicable |
| **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 accredited intermediary

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