



Association of Christian  
Religious Practitioners

*ACRP is a professional body recognised by SAQA in terms of the section 13 (1)(i)(ii) of the National Qualifications Framework Act 67 of 2008 - SAQA Reg No.: PB 0000110*



PO Box 12424  
Queenswood  
0121

E-mail: [acrp@acrpafrica.co.za](mailto:acrp@acrpafrica.co.za)  
Website: [www.acrpafrica.co.za](http://www.acrpafrica.co.za)  
Cell: 073 557 4716  
065 214 1536

Reg No: NPC 2015 / 319357 / 08

## COUNCIL FOR GENERAL MINISTRY PRACTITIONERS (CGMP) COUNCIL FOR MINISTRY TRAINING PRACTITIONERS (CMTP) APPLICATION FORM

This form is used to apply for individual affiliation with ACRP via one of the abovementioned Councils. For information on the categories of affiliation, see Annexure 1. Please also read the ACRP General Information document, or visit <https://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: .....

**Required by SAQA for statistical purposes:** Population Group: [African] [Coloured] [Asian] [White] [Other]

Disability [Yes] [No] If "yes", specify: .....

### 2. MINISTRY AND OTHER WORK / PRESENT POSITION

#### 2.1 Main ministry involvement

Name of church / ministry..... Full or Part time [Part] [Full]

Website address of church / ministry: .....

Nature of ministry:  Local church  Teaching/training institution  Pastoral counselling facility

Other ministry (please specify): .....

Is the ministry / church part of a wider denomination / network? [Yes] [No] If "yes" please specify:

.....

Please state your current position and /or function in the church / ministry (e.g. pastor, counsellor, youth ministry leader):

.....

Please attach a copy of your ordination certificate if available.

## 2.2 Other work

If you are involved in more ministries, please specify the nature of the additional ministries:

[ ] Local church [ ] Teaching/training institution [ ] Other ministry (please specify):

.....

## 2.3 What is the primary source of your income?

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

.....

2.4 Total years in active ministry: .....

## 3. QUALIFICATIONS AND TRAINING

### 3.1 Formal qualifications relevant to your ministry

Please indicate with an X the qualifications you hold and provide the other requested information as well as copies of your qualification certificates:

Note: If the lines below do not have sufficient space, please add a separate page for the additional information:

[ ] **Doctoral degree(s)** - Institution(s): ..... Year: .....

Topic: .....

[ ] **Master's degree(s)** - Institution(s): ..... Year: .....

Topic: .....

[ ] **Honours degree(s)** - Institution(s): ..... Year: .....

[ ] **Bachelors or 3 year diploma** - Institution(s): ..... Year: .....

[ ] **1 or 2 year diploma, higher or advanced certificate** - Institution(s): ..... Year: .....

[ ] **NQF Level 5 Ministry qualification** - Institution(s): ..... Year: .....

[ ] **NQF Level 4 Ministry qualification** - Institution(s): ..... Year: .....

[ ] **NQF Level 2 Ministry qualification** - Institution(s): ..... Year: .....

[ ] **Matric** – Institution - ..... Year .....

[ ] **Other courses, certificates, etc.:** 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.

[ ] **No formal qualifications or other courses**

## 4. REGISTRATION CATEGORY APPLIED FOR

Please MARK WITH AN X which of the registration categories you are applying for.

**Please note:** Applicants are requested to evaluate their own position in accordance with the information in Annexure 1 (which is based on SAQA requirements) and MARK WITH X which of the registration categories they believe to be relevant for the application. The ACRP evaluation team will evaluate the application in terms of the requirements and give a final confirmation of the level of registration.

Mark with X	Registration category	Once off application fee	Annual fee *	Total 1st payment
	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

If an RPL (Recognition of Prior Learning) is required, there will be an additional amount of R150.

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

## 5. 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 detail of your church or ministry (preferably a letterhead). The name, contact detail and position in the church / ministry of the person who signed the letter must also be provided and be clearly legible. (Note: This letter is not required if the application is facilitated through an Intermediary Institution)

## 6. DECLARATION

I, ....., hereby declare that I am involved in a 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. To remain in good standing with the professional body I commit to participate in the prescribed Continuing Professional Development (CPD) programme and during each year to earn the required CPD points by participating in ACRP approved CPD programmes.

In joining ACRP as affiliate or designated person, 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 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 – should I not want my contact information to be available in this way, I will inform ACRP accordingly.

**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 4 above, into the ACRP Bank Account (see bank account details below), using my ID number, initials and first letter of my surname as reference\*\*.**

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 4 above) into the ACRP Bank Account.\*\*
- Copies of your qualification certificates.
- Copy of your identity document or passport.
- 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. This letter is not required if the application is facilitated through an intermediary Institution)
- If available, a copy of your ordination certificate.

**Note 3: Please note that the abovementioned required documentation and minimum payment MUST be submitted within 2 months of the signature date (on page 4), after which your application will expire. Please note that your registration fee will lapse at this time and you will have to re-apply for affiliation.**

**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 your surname.

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\* 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 recognised 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 recognised 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
<b>Affiliate</b> (no designation recorded)	Proven involvement in ministry	Not applicable
<b>Religious practitioner</b> (affiliate on designation level 1)	Matric with 3 years proven ministry experience and RPL; or 5 years proven ministry experience and RPL (See “alternative route” for RPL mechanism)	Recognition of Prior Learning (RPL): <ul style="list-style-type: none"> <li>• Portfolio of Evidence (PoE) of work experience and formal, informal and non-formal training</li> <li>• Competence test based on the ACRP / QCTO job profile</li> <li>• Bridging programmes as determined in accordance with outcomes of PoE and Competence test</li> <li>• Participation in structured CPD programme</li> <li>• Person will be invited into a training career towards an advanced designation level</li> </ul>
<b>Advanced religious practitioner</b> (affiliate on designation level 2)	NQF Level 2 or 4 ministry qualification	
<b>Religious professional</b> (affiliate on designation level 3)	NQF Level 5, 6, 7 or 8 ministry qualification (occupational certificate, higher /advanced certificate, diploma, B degree, B Hons degree)	
<b>Religious specialist</b> (affiliate on designation level 4)	NQF Level 9 or 10 ministry qualification (Master’s degree or Doctorate)	