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

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

# APPLICATION FOR CPD ACCREDITATION: RANDOM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Provider Institution |  | | | |
| Address |  | | | |
| Contact person |  | | | |
| Cell phone no |  | Landline: |  | |
| e-Mail |  | Fax no: |  | |
| Title of CPD course |  | | | |
| What means of CPD delivery will be used \* |  | | | |
| Scope of practice (SoP) level \*: | Basic Medium High | SoP Items \* |  | |
| Will course be repeated during this year? | [No] [Yes] If “Yes”, how many events are planned in total? | | | |
| Planned date(s) |  | | | |
| Hours that will be spent on various activities as part of an event | Formal contact (lectures, etc): Practicals:  Group work: Self-study / reading:  Social contact / networking: Other activities: Specify: | | | |
| Method(s) of assessment \* |  | | | |
| Proposed no. of CPD points for event \* |  | | | |
| Address of venue for event |  | | | |
| Are proper health and safety standards being applied?\*\* | [Yes] [No] [Uncertain] | | | |
| Addendums: Please confirm with a “yes” that the following are attached to the application: | One pager indicating purpose of course, target group, entry requirements and course content (bullets) | | |  |
| Summary of course outlay | | |  |
| Resume (1 page per person) of presenter(s), showing relevant qualification(s) and professional experience | | |  |

\* See ACRP CPD Guideline document

\*\* It remains the applicants’ responsibility to ensure health and safety of participants

I confirm that the information provided in this application is a fair and true representation of fact. We understand that accreditation of the event deals with the content and assessment only, and does not transfer to ACRP any responsibility in terms of health and safety of participants, or in terms of any other matters that may lead to disputes linked to the presentation of the accredited programmes.

.............................................................. ............................................ ..............................

Initials and surname of person applying Signature Date

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

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

**APPLICATION FOR CPD ACCREDITATION: STRUCTURED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Provider Institution |  | | | |
| Address |  | | | |
| Contact person |  | | | |
| Cell phone no |  | Landline: |  | |
| e-Mail |  | Fax no: |  | |
| Title of CPD course |  | | | |
| What means of CPD delivery will be used \* |  | | | |
| With which ministry qualification is course aligned? \* (Mark with an X) | [ ] NQF Level 2 [ ] NQF Level 5 [ ] Other  If “NQF Level 2 or 5", please attach the relevant Excel planning tool and indicate the relevant knowledge, practical skills and workplace modules with sub-categories that will be covered in structured CPD programmes, with activities and hours involved.  If “other, please provide full detail on a separate page. | | | |
| Planned date(s) |  | | | |
| Summary of hours that will be spent on various activities as part of the course, as indicated on  the Excel planning tool | Formal contact: Practicals during course:  Workplace exposure: Self-study / reading:  Social contact / networking: Other as identified in Excel planning tool: | | | |
| Method(s) of assessment \* |  | | | |
| Address of venue for event |  | | | |
| Are proper health and safety standards being applied?\*\* | [Yes] [No] [Uncertain] | | | |
| Addendums: Please confirm with a “yes” that the following are attached to the application: | One pager indicating purpose of course, target group, entry requirements and course content (bullets) | | |  |
| Summary of course outlay | | |  |
| Resume (1 page per person) of presenter(s), assessors and internal moderators showing their relevant training, qualification(s) and professional experience | | |  |

\* See ACRP CPD Guideline document

\*\* It remains the applicants’ responsibility to ensure health and safety of participants

I confirm that the information provided in this application is a fair and true representation of fact. We understand that accreditation of the event deals with the content and assessment only, and does not transfer to ACRP any responsibility in terms of health and safety of participants, or in terms of any other matter that may lead to disputes linked to the presentation of the accredited programmes.

.............................................................. ............................................ ..............................

Initials and surname of person applying Signature Date