

# INTENT TO APPLY FOR INSTITUTIONAL AFFILIATION WITH ACRP

I hereby notify ACRP Management that our institution is interested in affiliation with ACRP.

Name of Institution:.....

Contact Person:.....Position at organisation:.....

Landline Number:..... Cell no: .....

e-Mail Address:.....

Signed:..... Date: .....

## TYPE OF ORGANISATION:

Please mark the organisation type(s) that describe(s) your organisation best:

### 1. Training provider

**Training provider accredited within the SA National Qualification Framework:**

Mark all relevant accreditations:

Council for Higher Education (CHE)  Quality Council for Trades and Occupations (QCTO)

Accredited with one or more SETAs. If SETA accredited, please indicate which SETA(s):

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**Non-accredited Training Provider**

*To all training providers: Please mark the following with an X if applicable:*

We intend applying to QCTO to be accredited for the NQF Level 2 and/or 5 ministry qualification(s), and request ACRP to provide guidance on the application process.

We intend evaluating our current offer of theological qualifications in terms of their contribution towards the successful preparation of students for ministry, and request communication with ACRP in this regard.

Other request regarding training matters that communication with ACRP is requested about:

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### 2. Church and church related institutions

Denomination  Local church  Church network (e.g. fraternal)  Ecumenical body

### 3. Non-Governmental Organisation (NGO):

Ministry / faith based NGO  Other (non-ministry) institution

If NGO, what service(s) do you provide:.....

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### 4. Institutional type not covered above

How would you describe your institution? .....

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