

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

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

**GENERAL DESIGNATED AFFILIATION APPLICATION FORM (2025)**

(Version 6.03)

**Please read everything carefully and answer all the questions.**

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| **1. PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National ID No. [533]: | | | | | |  | | | | | | | | | Temporary ID No. [531]: | | | | | | |  | | | | | | | | | |
| Non-SA Citizen Passport / ID No. [527]: | | | | | |  | | | | | | | | | Nationality: | | | | | | |  | | | | | | | | | |
| Title (Ps, Bp, Mr, Mrs, etc): | | | | | |  | | | | | | | | | Initials: | | | | | | |  | | | | | | | | | |
| Name: | | | | | |  | | | | | | | | | Middle name: | | | | | | |  | | | | | | | | | |
| Surname: | | | | | |  | | | | | | | | | Preferred name: | | | | | | |  | | | | | | | | | |
| Date of birth [dd/mm/yyyy]: | | | | | |  | | | | | | | | | Male: | | | |  | | | | Female: | | | | |  | | | |
| City/Town: | | | | | |  | | | | | | | | | Postal Code: | | | |  | | | | | | | | | | | | |
| **Province – indicate applicable with an X** | | | | | | | | | | | | | | | | Western Cape [1]: | | | | | |  | | Eastern Cape [2]: | | | | | |  | |
| Northern Cape [3]: | | | | | | |  | | Free State [4]: | | | | |  | | KwaZulu Natal [5]: | | | | | |  | | North West [6]: | | | | | |  | |
| Gauteng [7]: | | | | | | |  | | Mpumalanga [8]: | | | | |  | | Limpopo [9]: | | | | | |  | | Outside SA [X]: | | | | | |  | |
| **Residential status – indicate with X** | | | | | | | | | South Africa [SA]: | | | | |  | | Other [O]: | | | | | |  | | Unknown [U]: | | | | | |  | |
| Phone number used in communication with ACRP: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| E-mail address used in communication with ACRP: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Language(s): Home: | | | |  | | | | | | | | | | Other: | | | | | |  | | | | | | | | | | | |
| **Population group: Required by SAQA for statistical purposes – indicate with an X** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| African [BA]: | |  | | | Coloured [BC]: | | | | | |  | Indian/Asian [BI]: | | | | |  | | | White [Wh]: | | |  | | | Other [Oth]: | | |  | | |
| **Disability: Required by SAQA for statistical purposes – indicate with an X** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None [N]: |  | | Sight [1]: | | | | |  | | Hearing [2]: | | |  | | Speech [3]: | | |  | | | Physical [4]: | | | |  | | Other [Oth]: | | | |  | |

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| **2. PROFESSIONAL MINISTRY INVOLVEMENT: PRESENT** | | | | | | | | | | | | | | | | | |
| **2.1 Current ministry involvement** | | | | | | | | | | | | | | | | | |
| Current ministry name: | |  | | | | | | | | | | | | | | | |
| Which church / denomination / network is this ministry part of? | | | | | | | |  | | | | | | | | | |
| **Your ministry type – indicate with X** | | | | | | | | | | | | | | | | | |
| Local church [1]: |  | Teaching institution [2]: | | | |  | Counselling ministry [3]: | | | | |  | | Youth/child ministry [6]: | | |  |
| Other ministry [4] (specify): | | |  | | | | | | | | | | | Not applicable [5]: | | |  |
| Your ministry position: | |  | | | | | | | Web address of ministry: | | | | |  | | | |
| 2.2 **Total years professionally involved in active ministry (including current and previous ministry experience):** | | | | | | | | | | | | | | | | | |
| **Please indicate as accurately as possible the total number of years you have been professionally involved in ministry:** | | | | | | | | | | Part-time years: | | | |  | Full-time years: |  | |
| **2.3 What is the primary source of income? – indicate with X** | | | | | | | | Ministry [1]: | | |  | | Non-ministry work [2]: | | | |  |
| I do not have a regular income [3]: | | | |  | Other [4] specify: | | | |  | | | | | | | | |

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| **3. QUALIFICATIONS AND TRAINING**  ***Please take note: if you indicate a qualification in the table below, you must submit that qualification certificate with your application.*** | | | | | | | |
|  | | **Qualification title:** | **Training Institution name:** | | | **Date awarded:** | |
| **High school:** | |  |  | | |  | |
| **Highest ministry / theology qualification:** | |  |  | | |  | |
| **Highest other qualification:** | |  |  | | |  | |
| **Other (relevant) training:** | |  |  | | |  | |
| **4. REFERENCES** | | | | | | | |
| Please attach to this application a currently dated letter (no older than 3 months) 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. *This is a third-party reference letter and cannot be written or signed by the applicant*. | | | | | | | |
| **I submit my reference letter and confirm it is a true reflection of my current ministry involvement:** | | | | | | |  |
| **5. DECLARATION** | | | | | | | |
| I (name and surname): |  | | | | | | |
| hereby declare that I am actively 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.   * In joining ACRP as affiliate or designated person, I accept the responsibility to pay the prescribed affiliation fees annually to remain in good standing (annual renewal date is 31 December). (Annexure 1) * 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**. (Annexure 1) * I undertake to inform the ACRP office of any changes in my email 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 1, 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 understand that as a professional, I am expected to behave in a moral and ethical manner. Abuse, rudeness or unprofessional behaviour towards my colleagues, the public or ACRP staff will not be tolerated and may lead to disciplinary steps.   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.) | | | | | | | |
| **POPI ACT AUTHORISATION** | | | | | | | |
| * I understand and acknowledge that the information provided in this document is provided with consent as per Section 11 of the Protection of Personal Information Act No. 4 of 2013, and may be utilised for any purpose related to the functioning of the organisation. This includes information referred to in Section 28 of the Act which refers to an affiliate’s religious beliefs. * I understand and agree 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.   I hereby declare that the information provided in this form is correct and can be verified on request. | | | | | | | |
| **Signature (not typed):** |  | | | **Date:** |  | | |

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

* The form may be scanned and submitted via e-Mail to the CGMP/CMTP Administrator at: [cgmp@acrpafrica.co.za](mailto:cgmp@acrpafrica.co.za)
* All fields must be completed, and handwritten answers must be readable.
* The signature may be electronic, but NOT typed.

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

* Proof of payment of the application fee according to Annexure 1, into the ACRP Bank Account (see below).
* Copy of your identity document or passport.
* Copies of your training or qualification certificates, if applicable, especially as specified in Section 3.
* A currently dated letter by an administrator or member of your church or ministry, confirming that you are actively involved in ministry and also confirming your position or function in the church / ministry (see Section 4 of the application form).
* Copy of your ordination certificate, if available.

**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, etc) the application cannot be finalised. If not submitted within two months of the date on the application form, the application for registration, as well as any fees already paid, 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.**

**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 your surname.

**ANNEXURE 1 – Fee structure 2025 (For application as Individuals) \***

In joining ACRP as affiliate or designated person, the applicant accepts the responsibility to pay the prescribed affiliation fees annually (by 31 December) 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.

Applications received in the **1st Term (January – April)** must pay **the full annual fee** and the registration will be **valid from first registration date until 31 December of the *same* year**.

Applications received in the **2nd Term (May – August)** will only be charged **75% of the annual fee** and the registration will be **valid from first registration date until 31 December of the *same* year.**

Applications received in the **3rd Term (September – December**) will be treated as applications for the following year and the relevant **increased annual fee will apply** as this registration will be **valid from first registration date until 31 December the *following* year.**

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| **Registration category** | **Once off application fee** | **Annual fee 1st Term (Jan-Apr)** | **Annual fee 2nd Term (May-Aug)** | **Annual fee 3rd Term (Sept-Dec)** |
| Associated Affiliate (no specific designation) | R250 | R330 | R250 | **2026 fees to apply** |
| Religious Practitioner (1st level of designation) | R250 | R330 | R250 |
| Advanced Religious Practitioner (2nd level of designation) | R250 | R380 | R280 |
| Religious Professional (3rd level of designation) | R250 | R500 | R370 |
| Religious Specialist (4th level of designation) | R250 | R660 | R500 |

\* Yearly increase of approximately 5% to be implemented.

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

**ANNEXURE 2**

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

**CGMP & CMTP RULES OF AFFILIATION AND DESIGNATION**

• 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 registered with 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 registered Continued Professional Development (CPD) programme.

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

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| --- | --- | --- |
| **CGMP & CMTP affiliation category / designation level** | **Direct route (designation awarded via a ministry or theology qualification recognised1 by SAQA)** | **Alternative route (the applicant has no SAQA recognised1 ministry or theology qualification - designations applied for via RPL)** |
| **Religious practitioner**  (af­filiate with designation level 1) | Not applicable | NQF Level 2 or higher non-ministry qualification + one year confirmed2 ministry experien­ce; or no such qualification + two years confirmed2 ministry experien­ce. |
| **Advanced religious practitioner** (affiliate with designation level 2) | NQF Level 2 or higher ministry or theology qualification | Recognition of Prior Learning (RPL):  •Portfolio of Evidence (PoE) of work experience and formal, informal, and non-formal training  •Competence test based 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 or higherministry or theology qualification (occupational / higher certificate, diploma, B degree, B Hons degree) |
| **Religious specialist** (affiliate with designation level 4) | NQF Level 9 or higher ministry or theology qualification (Masters’ degree, Doctorate) | Applicable to persons with non-ministry ***but ministry relevant*** qualifications on M or D level |

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

2Confirmed: 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.

Please read the *Rules of Designation* document (available from the ACRP website: <https://www.acrpafrica.co.za>) for more information.