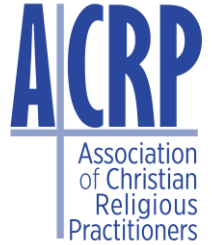




COUNCIL FOR PASTORAL AND SPIRITUAL COUNSELLORS (CPSC)

CPSC



APPLICATION FORM for STUDENT AFFILIATION (2024)

Please see the “Student Affiliation Options” document for the correct type of CPSC affiliation!

NB: Student Affiliates have no CPSC scope of practice.

No compulsory CPSC CPD points apply to this category.

- Please complete the application form in **BLOCK LETTERS** with **black ink** (or type in the spaces provided).
- Please do not omit any fields.
- The **DECLARATION (NUMBER 5)** and **POPI Act Agreement** need to be completed and **hand-signed** before submission.
- **NB:** Please submit:
 - * your **fully filled out application form**:
 - ✓ in numerical order (only the pages with information and/or signatures need to be returned);
 - ✓ all pages facing in the same direction;
 - ✓ all pages scanned together in portrait format;
 - ✓ all pages (with the supporting documents) as *one single pdf document*. Applications consisting of separate pages will be returned.
- **NB:** Please attach:

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 - * The following **supporting documents**:
 - ✓ the **TWO** signed testimonials on formal letterheads;
 - ✓ proof of payment;
 - ✓ the proof of current registration at an accredited training institution and
 - ✓ copy of your ID document.
- **Cellular phone photos of documents cannot be accepted due to quality loss!**
- **Student Affiliates** have no annual subscription payments, but need to submit proof of registration at the accredited training institution. A new proof of registration must be submitted every year to renew affiliation with CPSC.
- A **R200 application fee** will apply for student affiliation, but when when a student affiliate joins CPSC as Designated Affiliate, no application fee will be required. Only the annual subscription will then be billed.
- **NB. Full time students and certain part-time Student Affiliates have no registered CPSC scope of practice** as they are still studying. (Please refer to Student Affiliation Options.) They may operate within their level of training which will determine their training scope of practice but **must in all circumstances always operate only under supervision**.
- **Incompletely filled out forms** cannot be processed.
- Please apply for **Designated Affiliation** after completion of the studies.

CPSC Administrator for submission of all new applications:

Email address: admin@cpsc.org.za

☎ 072 705 1183 Admin Office (am)

CPSC Finance Officer (financial matters):

Email address: finance@cpsc.org.za

www.cpsc.org.za

1. PERSONAL DETAILS		Title:	Gender: Male/Female
Surname:	Initials:	Disability: (SAQA Requirement, compulsory field)	
Full name(s):	ID number:	Race: (African/Coloured/Indian/White) (SAQA Requirement, compulsory field)	
Preferred name:	Date of birth:	Passport number:	
Postal address:	Street address, city, and postal code:		
Postal Code:	Province:	Country:	
Tel no (work):	Tel no (home):		
Fax no:	Cell no:		
Religious affiliation (optional):	E-mail address:		
	Website:		
Highest relevant qualification obtained, date awarded, training institution: Full time Students provide proof of registration at accredited institution.	Home language:		
	Other languages:		
<p>Have you ever been under disciplinary action by any professional organization or licensing board? YES _____ NO _____</p> <p>Have you ever had a felony conviction? YES _____ NO _____.</p> <p>If yes on any of the above, give a brief description of the offence and the action taken.</p>			
2. PRESENT POSITION if applicable			
Occupation:			
Description of your work and special field(s) of interest e.g., addictions, marriages, trauma, etc.			
YEARS INVOLVED IN MINISTRY: _____ Years _____ Months.			

(a) Are you actively involved in pastoral counselling? Please indicate clearly with X: YES _____ NO _____

(b) Are you registered with another professional body and therefore do not need a designation?

Please indicate clearly with X: YES _____ NO _____

(c) Are you suitably trained in the field of pastoral counselling? Please indicate with X: YES _____ NO _____

Please read carefully:

(1) If YES in (a) (b) and (c) no additional compulsory CPSC CPD points will apply.

(2) If NO in (a) no compulsory CPSC CPD points will apply.

(3) If YES in (a), NO in (b), but YES in (c), please apply for Designated affiliation on the applicable form to obtain an ACRP designation.

Student Associated affiliation is then not the correct type of affiliation for you.

3. REFERENCES

Provide the name and details of **TWO references** (e.g., pastor, colleagues, study leader or employers), with a signed **letter of reference or testimonial** from each **on a formal letterhead**. Family members, friends and clients may **not be used** as references. **NB: One of the two, or both testimonials, should be less than one year old.**

Name of Referent	Address	Tel/Cell no	E-mail address	Nature of relationship

4. PROFESSIONAL BOARDS AND ORGANISATIONS

State the organisations/associations you are affiliated with:

State the professional boards/bodies (e.g., HPCSA and SACSSP.) you are registered with, as well as your registration number(s):

5. DECLARATION

- I, _____, as a Christian counselling student share a commitment to Biblical truth and Pastoral excellence.
- I am committed both to the integration of Biblical theology with the principles of counselling and to the development of excellence in my own counselling and practice.
- I accept the principles and values of the Association of Christian Religious Practitioners (ACRP) and the Council for Pastoral and Spiritual Counsellors (CPSC), and I understand the responsibilities and obligations of affiliation to ACRP and CPSC.
- I agree to abide by its Code of Ethics and Practice (if applicable), and I will participate in and contribute to the activities of the Council.
- I also understand that officials of CPSC and ACRP will review and act upon this application and I agree to comply with action that such officials, the Council and its officers and agents may take with such review, and I agree to hold such officials, the Council and its officers and agents harmless with respect to any reasonable action they may take during such review.
- I undertake to keep the CPSC Office informed of any change in my address and/or particulars.
- I hereby declare that the information provided in this form is correct and can be verified on request.
- **I have included a copy of my identity document.**

Date: _____

Signature (*not typed*): _____

Please submit the completed application form and supporting documents to Ilse Grünewald, the CPSC Administrative Officer, at admin@cpsc.org.za



**THE COUNCIL FOR PASTORAL
AND SPIRITUAL COUNSELLORS (CPSC)**



email:
admin@cpsc.org.za
☎ 072 705 1183
www.cpsc.org.za

POPI ACT AGREEMENT

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 used for any purpose related to the functioning of the organisation.

Furthermore, any information falling within the ambit of Section 28 of the Protection of Personal Information Act No. 4 of 2013 shall not be exempted from processing by virtue of the nature of the organisation and the functions which it conducts.

AGREED ON THE TERMS ABOVE AND SIGNED:

Name and Surname:

Signature (*not typed*): Date:



ACRP has been recognized as Professional Body by SAQA
SAQA Registration number PB0000110

FEES 2024

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Full time registered students in pastoral studies, provide proof of registration:	R200 application fee (once off). No annual subscription until completion of studies.
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BANKING DETAILS

Bank: Nedbank
Branch: Woodlands
Account holder: CPSC
Account number: 1020501553
Branch code: 136-305

- **An EFT is the most desirable method of payment**, please use this route.
- **NB:** For correct allocation, **please use your name and surname as reference to beneficiary.**
- Please also attach a **proof of payment** to your application.

NOTES

- **Student Affiliation is valid until 31 December** of the year of application.
- **The annual renewal date** for CPSC affiliation is **31 December**.
- **Student Affiliation is renewed by providing proof of the following year's study.**
- The **certificate** issued will be **renewed on receipt of the annual proof of study.**
- It is a **SAQA requirement** that **personal details are kept updated** to remain in good standing.
- **Registered full time students should provide proof of registration at an accredited institution and update this every year until full time studies are completed.**
- **Students will enjoy the same discount as CPSC affiliates when attending CPSC events, e.g., conferences.**
- **After completion of the studies, students should apply for Designated Affiliation to receive a SAQA registered designation and linked scope of practice.**
- **No application fee will apply to student affiliates who apply for designated affiliation as this has already been paid with the student affiliation application.**

Please note that the whole application, preparation, evaluation and registration process can take between 4 to 6 weeks as applications form part of a sequence and will be handled in the order they were received.

Please determine whether your application has been received by CPSC Admin after 7 days if you have not received response from the Admin office.

NB: As registration with CPSC is handled internally and exclusively by CPSC Admin, any and all questions regarding the CPSC registration process and progress should be directed to the CPSC Admin office – admin@cpsc.org.za