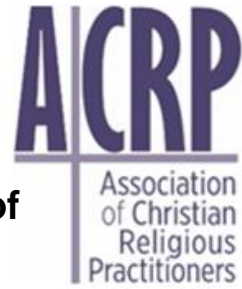




# COUNCIL FOR PASTORAL AND SPIRITUAL COUNSELLORS (CPSC)



## APPLICATION FORM FOR UPGRADE of DESIGNATED AFFILIATION (2025)

☎ 072 705 1183 Admin Office (am)  
 CPSC Finance Officer (financial matters):  
 Email address: [finance@cpsc.org.za](mailto:finance@cpsc.org.za)  
[www.cpsc.org.za](http://www.cpsc.org.za)

### UPGRADE OF AN EXISTING CPSC SUB-CATEGORY:

***The applicant is already registered with CPSC but wishes to upgrade the sub-category.***

Please refer to the information document “**2025 CPSC UPGRADE Designated Affiliation Registration & Affiliation: General Information and Application Policy**” for important information regarding the correct completion of this application form.

- Applicants may only apply for registration with ONE of ACRP’s councils.
- Incomplete or incorrect forms cannot be processed.
- Please complete the form in block letters with black ink or type the information in the provided spaces.
- Please do not omit any fields.
- Please pay extra attention to any information that might have changed.

<b>1. PERSONAL DETAILS:</b> <i>(Please refer to page 3 of the “2025 CPSC UPGRADE Designated Affiliation Registration and Affiliation: General Information and Affiliation Policy” document.)</i>		<b>Title:</b>	<b>Gender:</b> Male/Female
<b>Surname:</b>	<b>Initials:</b>	<b>Disability:</b> (SAQA Requirement, compulsory)	
<b>Full name(s):</b>	<b>ID number:</b>	<b>Race:</b> (African/Coloured/Indian/White) (SAQA Requirement, compulsory)	
<b>Preferred name:</b>	<b>Date of birth:</b>	<b>Passport number:</b>	
<b>Postal address:</b>	<b>Street address, city, and postal code:</b>		
<b>Postal address code:</b>	<b>Province:</b>	<b>Country:</b>	
<b>Tel no (work):</b>	<b>Tel no (home):</b>		
<b>Fax no:</b>	<b>Cell no:</b>		

Religious affiliation (optional):		E-mail address:	
		Website:	
Highest relevant qualification obtained, date awarded & training institution:  (Please attach supporting documents!)  <b>IMPORTANT Please provide the Title of Thesis (Master's or Doctorate):</b>		Home language:	
		Other languages:	

Have you ever been under disciplinary action by any professional organization or licensing board? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever had a felony conviction? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes on any of the above, please give a brief description of the offence and the action taken.

**2. PRESENT POSITION:**

Position/Occupation:	Date commenced:
Institution/Employer:	Person to whom accountable:
YEARS INVOLVED IN MINISTRY: _____ Years _____ Months.	
Description of your work and special field(s) of interest, for example addictions, marriages, trauma, etc.:	

**3. Indicate the CPSC SUB-CATEGORY applied for, automatically corresponding to the four ACRP registered designations. (Please refer to the "Greyscale CPSC DESIGNATION Scope of Practice Table".)**

**Please encircle the relevant number:**

ACRP Designation	Religious Practitioner	Advanced Religious Practitioner	Religious Professional CPSC Sub-category 3, 4 or 5			Religious Specialist CPSC Subcategory 6 or 7	
CPSC Sub-Category	1	2	3	4	5	6	7

#### 4. ACADEMIC RECORD

Please provide information on the **new completed qualification(s)** relevant to the new CPSC level being applied for and **include a copy** of the **academic certificate(s)**.

**VERY IMPORTANT:**

*Please refer to pages 3 - 4 of the "2025 CPSC UPGRADE Registration and Affiliation - General Information and Affiliation Policy" document for more information.*

	Qualification:	Date awarded:	Name of training institution:	Training institution physical address:
College:				
Seminary:				
University:				
Other:				

## 5. RECORD OF ADDITIONAL SUPERVISION DURING STUDY

(Please refer to page 4 of the “2025 CPSC UPGRADE Registration and Affiliation - General Information and Affiliation Policy” document for more information.)

Supervisor detail: Title; Surname; Name/s	NB Supervisor qualification/s:	Supervisor contact details:	Number of hours supervision received:

## 6. RECORD OF ADDITIONAL RELEVANT PRACTICAL EXPERIENCE DURING STUDIES

(Add separate page if necessary.)

(Please refer to page 5 of the “2025 CPSC UPGRADE Registration and Affiliation - General Information and Affiliation Policy” document for more information.)

Institution name:	Contact person:	Contact details:	Basic nature of work: (Keywords only)	Period:

## 7. PROFESSIONAL DEVELOPMENT

(Please refer to page 5 of the “2025 CPSC UPGRADE Registration and Affiliation - General Information and Affiliation Policy” document for more information.)

What are your plans for further development of your professional knowledge and skills?

## 8. PROFESSIONAL BOARDS AND ORGANISATIONS

(Please refer to page 5 of the “2025 CPSC UPGRADE Registration and Affiliation - General Information and Affiliation Policy” document for more information.)

State the organisations/associations you are affiliated with:

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

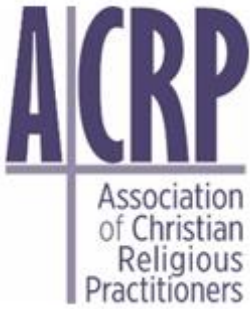
## 9. DECLARATION:

*(Please refer to pages 5 & 6 of the "2025 CPSC UPGRADE Registration and Affiliation - General Information and Application Policy" document for more information.)*

- I, \_\_\_\_\_,  
as a Christian counsellor, 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 my designated affiliation to ACRP and CPSC.
- I agree to abide by its *Code of Ethics and Practice*, and to operate within the prescribed *CPSC Scope of Practice* for my awarded designation.
- I will participate in and contribute to the activities of the Council.
- I agree to attend *Continuing Professional Development (CPD)* activities to earn the compulsory 20 CPSC CPD points per year. *(Please refer to page 10 of the "2025 CPSC Registration and Affiliation General Information and Application Policy" document for details.)*
- In joining CPSC as an affiliate, I accept the responsibility to pay my annual dues to remain in good standing and I undertake to cancel my affiliation in writing when wanting to do so. I understand that I will be liable for the subscription for the year in which the affiliation is cancelled. *(Please refer to pages 11 – 12 of the "2025 CPSC Registration and Affiliation General Information and Application Policy" document for the fee structure and other information re the registration fees.)*
- I also understand that officials of CPSC and ACRP will review and act upon this application and I agree to comply with actions 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 Administrative Office ( [admin@cpsc.org.za](mailto:admin@cpsc.org.za) ) 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.

Date: \_\_\_\_\_

Signature (*not typed*): \_\_\_\_\_



THE COUNCIL FOR PASTORAL AND SPIRITUAL COUNSELLORS (CPSC)

WRITTEN CONSENT FOR CONTACT DETAILS TO BE DISCLOSED ON THE CPSC WEBSITE FOR REFERRAL

THIS ONLY APPLIES TO CPSC SUB-CATEGORIES 5, 6 AND 7



Please refer to page 10 of the "2025 CPSC Registration and Affiliation General Information and Application Policy" document for more information.

CONSENT FORM:

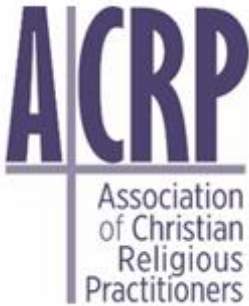
My personal details may be disclosed as follows:

- 1. Title: .....
2. Surname: .....
3. Name/s: .....
3. E-mail address: .....
4. Contact number(s): .....
5. Web address: .....
6. Geographical area of work: .....
7. Province: .....
8. Preferred field/s of focus: .....
.....
.....
.....

I, ....., herewith approve that my personal details be published on the CPSC website and be provided if a referral is requested.

Signature: ..... (Not typed, hand-signed)

Date: .....



THE COUNCIL FOR PASTORAL  
AND SPIRITUAL COUNSELLORS (CPSC)



## 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 utilised 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 carries out.

### AGREED ON THE TERMS ABOVE AND SIGNED:

Surname and Name/s: .....

Signature (*not typed*): ..... Date: .....

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



**Please submit the fully completed, hand-signed application form to the CPSC  
Administrator at [admin@cpsc.org.za](mailto:admin@cpsc.org.za)**

CPSC Administrative Office:

Email: [admin@cpsc.org.za](mailto:admin@cpsc.org.za)

Contact number: 072 705 1183