



# COUNCIL FOR PASTORAL AND SPIRITUAL COUNSELLORS (CPSC)



## APPLICATION FORM FOR DESIGNATED AFFILIATION (2026)

### NEW ACRP AND CPSC DESIGNATED AFFILIATION

- This new applicant has the required qualifications and experience in pastoral counselling to apply for a designation.
- An individual evaluation will be done based on SAQA registered or SAQA verified qualifications, as well as practical and supervision hours.
- Please refer to the information document “2026 CPSC Designated Affiliation – Registration 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 / incorrect forms / forms submitted without the applicable fee, cannot be processed.

<b>1. PERSONAL DETAILS</b> <i>(Please refer to page 2 of the “2026 CPSC Designated Affiliation – Registration and Application Policy” document.)</i>	Title:	Gender: Male/Female
Surname:	Initials:	Disability: SAQA Requirement, compulsory)
Full name(s):	ID number:	Race: (African/Coloured/Indian/White) (SAQA Requirement, compulsory)
Preferred name:	Date of birth:	Passport number:
Postal address:	Street address, city, and postal code:	
Code for Postal address:	Province:	Country:
Tel no (work):	Tel no (home):	
Fax no:	Cell no:	
Religious affiliation (optional):	E-mail address:	
	Website:	



3. Please mark with an X the **CPSC SUB-CATEGORY** you are applying for, corresponding to the four ACRP registered designations. (Please refer to the “Greyscale CPSC Designations Scope of Practice Table”.)

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

4. **ACADEMIC RECORD: It is of the utmost importance that any qualification obtained from a university, college, or other institution abroad should be evaluated by SAQA.**

(NB: Please refer to pages 3 and 4 of the “2026 CPSC Designated Affiliation – Registration and Application Policy” document.)

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

**5. REFERENCES – TWO LETTERS OF REFERRAL:**

(Please refer to page 4 of the “2026 CPSC Designated Affiliation – Registration and Application Policy” document.)

Title, Surname, Name/s:	Address:	Tel/Cell no:	E-mail address:	Nature of relationship:

**6. RECORD OF SUPERVISION:**

(Please refer to page 5 of the “2026 CPSC Designated Affiliation – Registration and Application Policy” document.)

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

**7. RECORD OF RELEVANT PRACTICAL EXPERIENCE** *(add separate page if necessary):*

*(Please refer to page 5 of the “2026 CPSC Designated Affiliation – Registration and Application Policy” document.)*

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

**8. PROFESSIONAL DEVELOPMENT** *(Please refer to page 5 of the “2026 CPSC Designated Affiliation – Registration and Application Policy” document.)*

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

**9. PROFESSIONAL BOARDS AND ORGANISATIONS** *(Please refer to page 5 of the “2026 CPSC Designated Affiliation – Registration and Application Policy” document.)*

State the boards and/or organisations/associations you are affiliated with:

Please provide information about statutory councils (e.g. HPCSA or SACSSP), or professional body (e.g. ASCHP), that you are affiliated/registered with, as well as your registration number(s):



**10. DECLARATION & POPI ACT Authorisation:****ACRP**Association of Christian  
Religious PractitionersE-mail: [acrp@acrpafrica.co.za](mailto:acrp@acrpafrica.co.za)Website: [www.acrpafrica.co.za](http://www.acrpafrica.co.za)

Cell: 073 557 4716

Reg No: NPC 2015 / 319357 / 08

ACRP is a professional body recognised in South Africa by SAQA in terms of the section 13 (1)(i)(ii) of the National Qualifications Framework Act 67 of 2008 - SAQA Reg No.: PB 0000110

**Council for General Ministry Practitioners (CGMP)****Council for Ministry Training Practitioners (CMTP)****Council for Pastoral & Spiritual Counsellors (CPSC)****Declaration for Designated, Associated and Student Affiliation applicants:**Designated affiliate:

I hereby declare that I am actively involved in Christian ministry and/or counselling.

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.

Associated affiliate:

I hereby declare that:

I am not professionally / formally involved in Christian ministry and/or counselling but want to be associated with the professional body, or

I am already registered with a SAQA-registered body (e.g. ASCHP, HPCSA or SACSSP) that had provided me with a counselling Scope of Practice.

Student affiliate:

I hereby declare that I am not yet professionally / formally involved in Christian ministry and/or counselling and am currently enrolled for a ministry/theological/counselling qualification of which proof of my registration will be provided.

**All ACRP Applicants:**

- I share a commitment to Biblical truth and to ministry and/or counselling excellence.
- I agree to abide by ACRP's Codes of Ethics and disciplinary processes as published on the ACRP website, and to operate within the prescribed Scope of Practice for my awarded designation.
- In joining ACRP as an affiliate or designated person, I accept the responsibility to pay the prescribed affiliation fees to remain in good standing - annual renewal date is 31 December. (Associated/designated affiliates: annual fee; student affiliates: once-off application fee).
- I understand that my application process cannot begin until the R250 application fee reflects in the correct bank account.
- Should I decide to cancel my affiliation, I will do so in writing. I agree to a notice period of **three calendar months** (before 1 September to correlate to the next year's renewal cycle) and understand that any monies already paid into the relevant ACRP account will be **non-refundable**. I understand that I will be liable for the subscription for the year in which the affiliation is cancelled.
- I undertake to inform the relevant ACRP office of any changes in my email address or other contact information as well as changes in my profession.

Initials here: \_\_\_\_\_

- I understand that as an affiliate of ACRP, 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 relevant ACRP office.)
- I declare that I am not aware of any pending, current or outstanding official complaints / court cases / legal actions against me.
- I have included the prescribed documents.
- I have paid the relevant fees with my application.

**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, and to add me to any social media group (such as a WhatsApp group) for mass communications. 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.

**All ACRP Applicants please take note:**

**Note 1:**

Please note that if the application is not fully completed, or if there are any outstanding documents (ID, qualification certificates, reference letters, 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 2:**

Please take note that it can take up to 6 weeks to process the application. Should you have any queries regarding the status of your application, please contact the relevant ACRP office.

**Note 3 (applicable only to student affiliates):**

Please take note that to renew your student affiliation every year, you must submit proof of your reregistration at the training institution until your studies are completed. Once your studies have been completed, you must apply for Designated affiliation within 6 months of completion – the relevant annual fees for designated affiliation will apply.

Surname and Name/s: .....

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



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



THE COUNCIL FOR PASTORAL  
AND SPIRITUAL COUNSELLORS (CPSC)



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

**ONLY APPLICABLE TO CPSC SUB-CATEGORIES 5, 6 AND 7**

My personal details may be disclosed as follows:

email: [ilse.grunewald@acrp.org.za](mailto:ilse.grunewald@acrp.org.za)  
☎: 072 705 1183

1. Title: \_\_\_\_\_
2. Surname: \_\_\_\_\_
3. Name/s: \_\_\_\_\_
4. Preferred name/s to be placed on webpage: \_\_\_\_\_
5. E-mail address: \_\_\_\_\_
6. Contact number/s: \_\_\_\_\_
7. Web address if applicable: \_\_\_\_\_
8. Geographical area of work: \_\_\_\_\_
9. Province: \_\_\_\_\_
10. Preferred field/s of focus (please be specific/provide detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Not typed, hand-signed)

Please submit the completed application form to the CPSC Admin Officer, Ilse Grunewald, at [ilse.grunewald@acrp.org.za](mailto:ilse.grunewald@acrp.org.za) and proof of the application payment to the CPSC Finance Officer, Anita Snyders, at [anita.snyders@acrp.org.za](mailto:anita.snyders@acrp.org.za)

PLEASE CONTACT THE CPSC ADMIN OFFICER IF, AFTER A WEEK OF HAVING SUBMITTED YOUR APPLICATION, YOU STILL HAVE NOT RECEIVED ANY COMMUNICATION FROM THE CPSC ADMIN OFFICE.