



COUNCIL FOR PASTORAL AND SPIRITUAL COUNSELLORS (CPSC)

APPLICATION FORM for STUDENT ASSOCIATED AFFILIATION (2026)



Please see “Student Affiliation Options” on page 3 of the *2026 CPSC Student Associated Affiliation: Registration and Application Protocol* document to ensure that you qualify for CPSC Student Associated affiliation.

NB: Student Affiliates have no CPSC scope of practice.

No compulsory CPSC CPD points apply to this category.

- Please complete the application form (pages 2 – 6) in **BLOCK LETTERS** with **black ink** (or type in the spaces provided).
- Please do not omit any fields.
- The **DECLARATION** and **POPI Act** on pages 5 and 6 of this application form need to be completed submission (please enter initials on page 5 and hand-sign page 6).
- **NB:** Please submit:
 - * **your fully filled out application form:**
 - ✓ in numerical order (only the pages with information and/or signatures need to be submitted);
 - ✓ 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:
 - * **The following supporting documents:**
 - ✓ copy of your ID document;
 - ✓ **TWO** signed testimonials on formal letterheads;
 - ✓ proof of payment;
 - ✓ proof of current registration at an accredited training institution.
- **Cellular phone photos of documents cannot be accepted due to quality loss!**
- **CPSC Student Associated 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 **R250 (2026) application fee** will apply for the initial student affiliation. (Only when a Student Associated Affiliate joins CPSC as a Designated Affiliate will an annual subscription fee become applicable.)

**YOU NEED NOT
SCAN, NOR SUBMIT,
THIS PAGE.**

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 page 3 of the *2026 CPSC Student Associated Affiliation: Registration and Application Protocol* document.)

Student affiliates may operate within their level of training which will determine their training scope of practice, but **must in all circumstances always operate only under full supervision.**

- **Incompletely filled out forms** cannot be processed.

- Please apply for **Designated Affiliation after completion of studies.**

1. PERSONAL DETAILS (Please refer to page 6 of the 2026 CPSC Student Associated Affiliation: Registration and Application Protocol document.)		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: Students must provide proof of registration at an accredited training institution.			Home language:
			Other languages:
<p>Please mark clearly with an "X"</p> <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>Are you aware of any current complaints that have been, or pending complaints that may be, laid against you? YES _____ NO _____.</p> <p>If "yes" on any of the above, please give a brief description of the offence and the action taken.</p>			
2. PRESENT POSITION (if applicable) (Please refer to page 6 of the 2026 CPSC Student Associated Affiliation: Registration and Application Protocol document.)			
Occupation:			
Description of your work and special field(s) of interest e.g., addictions, marriages, trauma, etc.			

YEARS INVOLVED IN MINISTRY: _____ Years _____ Months.

Please indicate clearly with an X:

(a) Are you actively involved in pastoral counselling? YES _____ NO _____

(b) Are you suitably trained in the field of pastoral counselling? YES _____ NO _____

Please read carefully:

If you replied **YES** to these 2 questions, please apply for a **CPSC Designated Affiliation** <https://ams.acrp.org.za/enrollments/onboarding/> to obtain an ACRP designation.

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

3. REFERENCES

(Please refer to page 6 of the 2026 CPSC Student Associated Affiliation: Registration and Application Protocol document.)

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

4. PROFESSIONAL BOARDS AND ORGANISATIONS

(Please refer to page 6 of the 2026 CPSC Student Associated Affiliation: Registration and Application Protocol document.)

State the 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):



THE COUNCIL FOR PASTORAL
AND SPIRITUAL COUNSELLORS (CPSC)

CPSC STUDENT ASSOCIATED AFFILIATE AGREEMENT



Personal details:

1. Title: _____
2. Surname: _____
3. Name/s: _____
4. ID number: _____
5. E-mail address: _____
6. Contact number/s: _____
7. Training Institution enrolled at: _____

I, _____,
herewith declare that I am aware of the SAQA regulations for CPSC Student Associated Affiliates, and
I understand that:

- ❖ **CPSC Student Associated Affiliates have NO Scope of Practice.**
- ❖ **ALL practical work must be done under the supervision of a lecturer or other supervisor identified and assigned by the educational institution.**
- ❖ **NO practical work or counselling may be done without full supervision.**

I agree to abide by the above-mentioned rules and regulations.

Signature: _____ **Date:** _____

(Not typed, hand-signed)



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



E-mail: acrp@acrpafrica.co.za

Website: 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 applicant:

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.

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.

- 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.
- 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.

Initials here: _____

- 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 4 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 a Designated Affiliation within 6 months of completion – the relevant annual fees for designated affiliation will apply.

Surname and Name/s:

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

Please submit the completed application form to the CPSC Admin Officer, Ilse Grünwald, at ilse.grunewald@acrp.org.za and proof of the application fee payment to the CPSC Finance Officer, Anita Snyders, at anita.snyders@acrp.org.za

FEES 2026

Registered students in relevant studies need to provide proof of registration at an accredited training institution.

R250 application fee (once off).

BANKING DETAILS

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

**YOU NEED NOT SCAN, NOR SUBMIT,
THIS PAGE.**

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

NOTES

- Student Affiliation is valid until 31 December of the year of application.
- **Student Affiliates must provide proof of registration at an accredited institution and update this every year until studies are completed.**
- 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.
- Students will enjoy the same discount as CPSC affiliates when attending CPSC events, e.g., conferences.
- Students will receive 20 CPSC CPD points at the end of every successfully completed year of study and the CPSC CPD points will stay valid for 2 years. Proof thereof must be submitted to Maria at maria.jansen@acrp.org.za
- After the completion of studies, students should apply for Designated Affiliation to receive a SAQA registered designation and linked scope of practice.

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 if you have not received response from the Admin office within 7 working days.

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