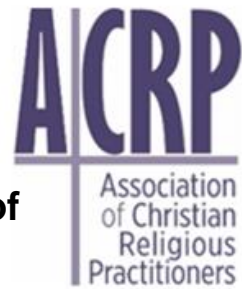




COUNCIL FOR PASTORAL AND SPIRITUAL COUNSELLORS (CPSC)



APPLICATION FORM FOR UPGRADE of DESIGNATED AFFILIATION (2026)

☎ 072 705 1183 Admin Office
lise.grunewald@acrp.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 “2026 CPSC UPGRADE of Designated 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.

1. PERSONAL DETAILS: <i>(Please refer to page 2 of the “2026 CPSC UPGRADE of Designated Affiliation - General Information and Application Policy” document.)</i>		Title:	Gender:
Surname:	Initials:	Disability: <small>(SAQA Requirement, compulsory)</small>	
Full name(s):	ID number:	Race: (African/Coloured/Indian/White) <small>(SAQA Requirement, compulsory)</small>	
Preferred name:	Date of birth:	Passport number:	
Postal address:	Street address, city, and postal code:		
Postal address 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: (Please attach supporting documents!) IMPORTANT! Please provide the Title of Thesis (Master's or Doctorate):		Home language:	
		Other languages:	
Please mark clearly with an "X" 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 _____. Are you aware of any current complaints that have been, or pending complaints that may be, laid against you? 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 or copies** of the **academic certificate(s)**.

VERY IMPORTANT:

Please refer to pages 3 - 4 of the "2026 CPSC UPGRADE of Designated Affiliation - General Information and Application 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 "2026 CPSC UPGRADE of Designated Affiliation - General Information and Application 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 "2026 CPSC UPGRADE of Designated Affiliation - General Information and Application 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 "2026 CPSC UPGRADE of Designated Affiliation - General Information and Application 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 "2026 CPSC UPGRADE of Designated Affiliation - General Information and Application 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 “2026 CPSC UPGRADE of Designated Affiliation - General Information and Application Policy” document for more information.)



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

Initials here: _____

(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 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 Designated affiliation within 6 months of completion – the relevant annual fees for designated affiliation will apply.

Surname and Name/s:

Signature (*not typed*): Date:



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
☎: 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 Grünewald, at ilse.grunewald@acrp.org.za and proof of the application payment to the CPSC Finance Officer, Anita Snyders, at 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.