

COUNCIL FOR GENERAL MINISTRY PRACTITIONERS (CGMP)
APPLICATION FORM (FACILITATED BY INTERMEDIARY)
(Version 4.05)

1. PERSONAL INFORMATION

National ID No: [533] OR Temporary ID No: [531]

OR Non-SA Citizen: Passport / ID number: [527] Nationality:

Title: Initials: Name: Middle name:

Surname: Preferred Name:

Date of birth: (dd/mm/yyyy):/...../..... Gender: [M] [F]

Home address: Code:

Postal address: Code:

Province: Residential status: [SA] South African [O] Other [U] Unknown

Phone number used in communication with ACRP:

E-Mail address used in communication with ACRP:

Language: Home..... Other.....

Required by SAQA for statistical purposes – indicate with an X:

Population Group: [BA] African [BC] Coloured [BI] Indian [Wh] White [Oth] Other

Disability [Yes] [No] If “yes”, specify:

2. MINISTRY INVOLVEMENT: PRESENT AND PREVIOUS

2.1 Current ministry involvement:

Current ministry name:

Is the ministry part of a church or denomination? [Yes] [No]

If “Yes” which church or denomination?

Your ministry type: [1] Local church [2] Teaching institution [3] Counselling ministry [4] Youth / childcare ministry

[5] Other: Web address of ministry:

Your ministry position: Is your work: [Part-time] [Full-time]

Name of INTERMEDIARY organisation (if applicable): **INTERMEDIARY**

2.2 Other ministries you were previously involved in? (Mention only the last two)

a. Ministry type: [1] Local church [2] Teaching institution [3] Counselling ministry [4] Youth / childcare ministry

[5] Other:

b. Ministry type: [1] Local church [2] Teaching institution [3] Counselling ministry [4] Youth / childcare ministry

[5] Other:

2.3 Total years in ministry (including current and previous ministry experience): Part-time: Full-time:

2.4 What is the primary sources of income?

[1] Ministry [2] Non-ministry work [3] I do not have a regular income [4] Other (please specify):
.....

3. QUALIFICATIONS AND TRAINING (Please attach copies of your certificates)

3.1 Highest school qualification: [] Matric [] Grade 10 / 11 [] Grade 6-8 [] Lower than Gr 6

3.2 Highest ministry qualification:

Institution: Year:

3.3 Highest other (non-ministry) qualification:

Institution: Year:

3.4 Any special training provided by the networking organisation you are part of:
.....

3.5 Other ministry relevant training: Please provide the following information on a separate page and attach it to the application form: (a) Name or nature of the course(s) (b) The institution(s) where it was done (c) The year completed.

3.6 No formal ministry qualifications or other courses: Mark with X if applicable: []

4. REFERENCES

INTERMEDIARY will provide ACRP with a cover letter confirming that the applicant is involved in the ministry as indicated above.

5. DECLARATION

I,, hereby declare that I am involved in the Christian ministry as indicated above. I share a commitment to Biblical truth and to ministry excellence. I agree to abide by ACRP's Codes of Ethics and disciplinary processes as published on the ACRP website. 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 (at least 20 structured CPD points).

- In joining ACRP, I agree to the arrangement regarding fees as explained to me by the INTERMEDIARY.
- Should I decide to cancel my affiliation, I will do so in a letter to the INTERMEDIARY.
- I undertake to inform the INTERMEDIARY of any changes in my address or other contact information.
- I have included the prescribed documents (see below, note 2).
- The payment of my professional registration fee is done as arranged with the INTERMEDIARY.
- 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 INTERMEDIARY and ACRP.)
- I hereby declare that the information provided in this form is correct and can be verified on request.
- I understand that ACRP applies principles of confidentiality of personal information as intended in the South African regulatory framework. I take note 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. Should I not want my contact information to be available in this way, I will inform ACRP accordingly.

Signature: Date:

Note 1: This form must be completed and signed by the applicant and be submitted to ACRP through the office of the INTERMEDIARY.

Note 2: The following must accompany the application and be kept on record by the INTERMEDIARY office:

- Copy of your identity document or passport.
- Copies of your training or qualification certificates, if applicable.
- Letter of appointment in your current position (and ordination certificate, if applicable).

Administration:

Based on the SAQA recognised¹ ministry qualification / total number of years in ministry², this person qualifies for the higher designation of:

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¹ A “SAQA recognised qualification” is a South African qualification registered on the SAQA website or a foreign qualification that was evaluated and approved by SAQA.
² Every 2 years of part-time ministry experience is calculated as 1 year of full-time ministry experience (e.g. 4 years part-time is the equivalent of 2 years full-time). Can also be calculated as “sum of full-time + 50% of part-time”.