

TO AID YOUR COMPLETION OF THIS FORM

Please tick the boxes after you have completed each task:-

- Complete Section A – F on the Registration Form
Please note: Incomplete forms will not be accepted for registration.
- Copy of your ID
- Colour passport photo
- Copy of your highest educational qualification
- Enclosed Assessment Fee of R150.00 and Annual Registration Fee for selected category.

Return this form to:

The Registrar
membership@ccinsa.co.za
Fax. 086 605 7945

BANK DETAILS

Payment can be made to **Association of Certified Chaplains in South Africa**:

FNB Mossel Bay, Branch - **210314**, Account Number - **62854390087**



Pastoral Counselling

Registration Form

Complete registration form and send to:
registration@ccinsa.co.za or Fax:086 605 7945

FOR OFFICE USE

MEMBERSHIP NUMBER

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

SECTION A - PERSONAL INFORMATION

| PERSONAL INFORMATION | | | | | | | | | | | |
|---|--|------|--|---------|--|----------|--|-------|--|--------------------------|--|
| Title (Mr/Mrs/Miss/etc.) | | | | Surname | | | | | | | |
| First Name(s) | | | | | | | | | | | |
| Preferred Name | | | | | | | | | | | |
| Identity Number | | | | - | | | | - | | | |
| Gender | | Male | | | | Female | | | | | |
| Date of Birth (DD/MM/YYYY) | | | | | | | | | | Age (at start of course) | |
| Residential Address | | | | | | | | | | | |
| | | | | | | | | | | | |
| Postal Address (if different from above) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Home Tel. No | | | | | | Cell No. | | | | | |
| Email Address | | | | | | | | | | | |
| Preferred Method of Communication | | | | Email | | Letter | | Phone | | | |

NEXT OF KIN

| | | | | | | | | | |
|---------------------|--|--|--|--|----------|--|-------------|--|--|
| Name & Surname | | | | | | | | | |
| Relationship to you | | | | | | | | | |
| Home Tel. No. | | | | | Cell No. | | | | |
| Address | | | | | | | Postal Code | | |

SECTION B - ACADEMIC RECORD

| ACADEMIC RECORD (PLEASE USE A SEPARATE PIECE OF PAPER IF NECESSARY) | | | |
|---|--|---------------------------|--|
| High School Education | | | |
| Name of Institution | | Qualification(s) Received | |
| | | | |
| | | | |
| Further Education – post 18 years | | | |
| Name of Institution | | Qualification(s) Received | |
| | | | |
| | | | |
| | | | |
| List of any other training or qualifications you have received | | | |
| | | | |
| | | | |
| | | | |
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SECTION C—CATEGORY APPLIED FOR

MEMBERSHIP CATEGORIES

Compulsory Assessment Fee – R150.00

This assessment fee MUST be paid in addition to the following registration fees.

If you are sure of your category, please select it below. Otherwise, our office will communicate to you your relevant category once the compulsory assessment is complete

| Category | Requirements | Annual Fee | ✓ |
|--------------------------------|--|----------------|---|
| Specialist Pastoral Counsellor | Master's, Doctorate or Ph.D Degree | R850.00 | |
| Certified Pastoral Counsellor | Bachelor's Degree | R750.00 | |
| Registered Pastoral Counsellor | Diploma | R650.00 | |
| Affiliate Member | Clergy, lay counsellors, or trainees actively pursuing certification | R450.00 | |
| Assessment fee | Compulsory | R150.00 | |

SECTION D – PREVIOUS PASTORAL COUNSELLING EXPERIENCE

DESCRIPTION OF CURRENT OR PAST CHAPLAINCY INVOLVEMENT

SECTION E – PROFESSIONAL REGISTRATIONS

PROFESSIONAL REGISTRATIONS

SECTION F – DECLARATION AND SIGNATURE

DECLARATION AND SIGNATURE

Signing this registration form means:

1. You understand and declare that the information you provided is correct.
2. You agree to comply with our Code of Ethics, Policies, Terms and Conditions and other documents.
3. You understand we are not responsible for our partners and affiliates actions, promises or liabilities of any kind.

Signature of Applicant: _____

Date: DD / MM / YYYY