



# APPLICATION FOR STUDY

PROGRAMMES

# 2023

## CHECKLIST

*I HAVE INCLUDED THE FOLLOWING DOCUMENTATION WITH MY INSTITUTE FOR CHRISTIAN PRACTITIONERS APPLICATION (TICK WITH ✓):*

Completed and <b>certified</b> scanned copy of application form	
Copy of my ID	
Proof of payment of the R110.00 application fee	

**\*INCOMPLETE APPLICATION FORMS CANNOT BE PROCESSED.**

The application form and proof of payment must reach ICP no later than **14 days** before the programme commences.

### Banking Details:

N.L. Joubert

ABSA account: 1120 8901 38

Branch: Germiston

Ref: Initials & Surname

Kindly email a completed and certified scanned copy of your application form along with required certified documents to [antoINETTE@icp.org.za](mailto:antoINETTE@icp.org.za). Note that upon emailing a completed application form you have entered into a contract with the ICP.

*Please confirm that your application documents were received by ICP Administration emailing: [antoINETTE@icp.org.za](mailto:antoINETTE@icp.org.za).*



Complete the application form in CAPITAL LETTERS with a blue or black ink pen.

**SECTION A: CYCLE FOR WHICH YOU ARE APPLYING**

**I APPLY TO REGISTER FOR:**

CPD Structured Programme	
30 January – 9 April	
17 April – 25 June	
3 July – 10 September	
18 September – 26 November	

**SECTION B: PERSONAL DETAILS**

Title (e.g. Mr / Rev)  Initials

Surname

Previous Surname

First Name(s)

Preferred Name

Date of Birth 

Y	Y	Y	Y	/	M	M	/	D	D
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 Identity/Passport Number 

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Gender 

Male	Female
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Attach a certified copy of your identity document to your application form.**

Language Preference 

English	Afrikaans
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

 Marital Status 

Single	Married	Divorced	Widowed
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Home Language  Occupation

Race 

White	Black	Indian	Coloured
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

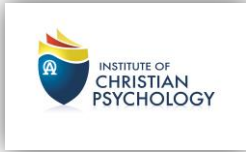
 Other

Nationality  Country of Origin

Do you have any disabilities? 

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

 If yes, state the nature thereof



Complete the application form in CAPITAL LETTERS with a blue or black ink pen.

**SECTION C: CONTACT DETAILS (ALL SUBSECTIONS ARE COMPULSORY)**

**C1: APPLICANT'S CONTACT DETAILS**

Postal Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province: <input type="text"/> <input type="text"/> Code: <input type="text"/>	Street Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province: <input type="text"/> <input type="text"/> Code: <input type="text"/>
Home Tel	<input type="text"/>	Work Tel	<input type="text"/>
Cell	<input type="text"/>	Fax	<input type="text"/>

Email Address (compulsory)

\*If you don't have an e-mail account, create an account for free at [mail.google.com/](http://mail.google.com/)

**SECTION D: APPLICANT ADMINISTRATION**

**D1: INFORMATION AND PREFERENCES**

Where did you hear about the ICP?

**SECTION E: REGISTRATION SECTION**

**INDICATE THE PROGRAMME/S FOR WHICH YOU ARE REGISTERING IN 2023:**

Christian Counselling A	<input type="checkbox"/>
Crisis and Trauma Counselling A	<input type="checkbox"/>
Marriage Counselling A	<input type="checkbox"/>
Developmental Theory A	<input type="checkbox"/>
Biblical Studies A	<input type="checkbox"/>
Christian Counselling B	<input type="checkbox"/>
Crisis & Trauma Counselling B	<input type="checkbox"/>
Counselling the Adolescent B	<input type="checkbox"/>
HIV/Aids Counselling B	<input type="checkbox"/>
Biblical Studies B	<input type="checkbox"/>
Weekend workshop: please specify	<input type="checkbox"/>



Complete the application form in CAPITAL LETTERS with a blue or black ink pen.

## SECTION F: APPLICATION AND TUITION FEE PAYMENT

Enclose proof of payment of the application fee with this application. When making a bank deposit/internet transfer the deposit-/internet transfer slip must be emailed to ICP immediately.

Enter the *application fee* amount:

R					.	0	0
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Enter the total programme fees:

R					.		
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Enter the total programme fees for the study year:

R					.		
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### Banking Details:

N.L. Joubert

ABSA account: 1120 8901 38

Branch: Germiston

Ref: Initials & Surname

### PAYMENT PROCEDURE FOR PROGRAMMES AND WORKSHOPS

- Enclosed with each application form must be a non-refundable application fee of R110-00 in order for the application to be processed.
- Upon notification of acceptance by ICP the full fee of the programme is payable (non-refundable).
- Additional costs incurred by ICP as a result of learners studying outside of the RSA will be for the learners' account.

Note: study fees cannot be carried over from one study year to the next.

### STUDY MATERIAL

- Learners who have paid their registration fee will receive their programme study material online.



Complete the application form in CAPITAL LETTERS with a blue or black ink pen.

**FAILURE TO FULFIL FINANCIAL OBLIGATIONS**

In respect of learners not fulfilling their financial obligations on time, the Institute retains the right to cancel the learner's registration, withhold study material, refuse admission, practicals, withhold certificates, refuse registration for the following year, refuse to issue a certificate of conduct for studies at another tertiary institution and institute legal proceedings against such learners, as well as the person accepting responsibility for the account. The Institute cannot assure timeous delivery of study material and/or any other services if learners fail to follow the payment procedure. The learner and person responsible for the account will be liable for all costs incurred in the recovery of any outstanding debt.

WITNESS DETAILS	
Full names and surname	
ID number	
Physical address	
Telephone number	

\_\_\_\_\_  
**Signature of Applicant**

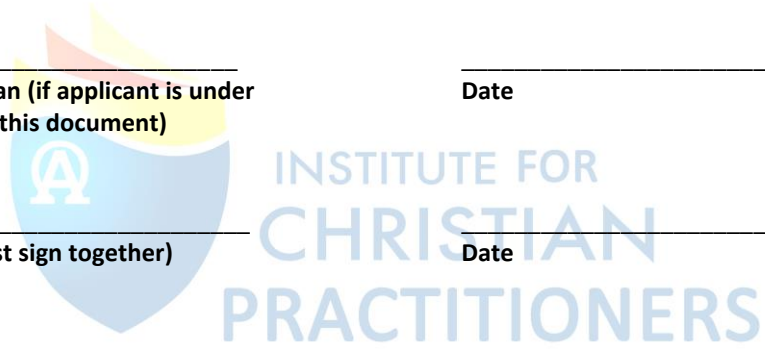
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian (if applicant is under 21 years of age - as in C2 of this document)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness (all signatories must sign together)**

\_\_\_\_\_  
**Date**



## INSTITUTE FOR CHRISTIAN PRACTITIONERS

### FIRST APPLICATION FOR STUDY 2023 - ANNEXURES A & B

*May be detached from application form*

#### ANNEXURE A: COSTS FOR 2023

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Christian Counselling A	R 2 200.00
Crisis & Trauma Counselling A	R 2 200.00
Marriage Counselling A	R 2 200.00
Developmental Theory A	R 2 200.00
Biblical Studies A	R 2 200.00
Christian Counselling B	R 2 200.00
Crisis & Trauma Counselling B	R 2 200.00
Counselling the Adolescent B	R 2 200.00
HIV/Aids Counselling B	R 2 200.00
Biblical Studies B	R 2 200.00
L-10-T A	R 695.00
L-10-T B	R 695.00

#### GENERAL ADDITIONAL FEES:

Application Fee (non-refundable) R 110.00

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#### ANNEXURE B: GENERAL INFORMATION

1. The following documents must be enclosed with the application form:
  - Copy of applicant's identity document
2. Pages of the application form must be initialled by all the signatories.
3. Learners should note that they are personally responsible for obtaining their own copies of prescribed books. ICP will assist learners who have difficulties obtaining these books.
4. ICP cannot be held responsible if video material is not compatible with a learner's video player.
5. Programmes will be presented if learner numbers permit.
6. ICP reserves the right to reject an application for study.

**INCOMPLETE FORMS AND/OR FORMS WITHOUT THE APPLICATION FEE CANNOT BE PROCESSED.**

**CONTACT ICP FOR ASSISTANCE.**