



## South African Chaplain Association

### Registration Form

*Committed to Service, Integrity, and Faith-Based Care*

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#### SECTION A: PERSONAL INFORMATION

**Title:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**ID/Passport Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:**  Male  Female

**Marital Status:**  Single  Married  Divorced  Widowed

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#### SECTION B: CONTACT INFORMATION

**Residential Address:**

\_\_\_\_\_

\_\_\_\_\_

**Postal Address (if different):**

\_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Alternative Contact Person & Number:**

\_\_\_\_\_

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#### SECTION C: MINISTRY & CHAPLAINCY DETAILS

**Church/Ministry Affiliation:** \_\_\_\_\_

**Denomination (if applicable):** \_\_\_\_\_

**Current Role in Ministry:** \_\_\_\_\_



**Years in Ministry:** \_\_\_\_\_

**Have you previously received chaplaincy training?**  Yes  No

If yes, please specify: \_\_\_\_\_

**Preferred Area of Chaplaincy:**

- Trauma Response
  - Hospital
  - Correctional Services
  - Police/Military
  - School/Youth
  - Hospice & Palliative
  - General Community
  - Other: \_\_\_\_\_
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**SECTION D: DOCUMENTS TO ATTACH**

Please include the following with your application:

1. Certified Copy of ID/Passport
  2. A Short Motivation Letter (Why you want to become a chaplain)
  3. Copies of Relevant Certificates or Qualifications (if any)
  4. Pastoral Reference Letter (if applicable)
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**SECTION E: DECLARATION**

I, the undersigned, hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the values, standards, and code of conduct of the South African Chaplain Association.

**Signature:** \_\_\_\_\_

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

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