

**POLICY FRAMEWORK FOR AFM PCD SERVICE PROVIDERS  
AND/ OR EVENTS RECOGNITION:**

**Preamble:**

The purpose of Pastors Continuous Development (PCD) in the AFM of S.A. is to enable and assist regions in their responsibility to empower ordained pastors (and where possible and necessary, their spouses) to maintain and improve the standard of their ministry performance, through the continuous development of their skills, abilities and character, throughout their ministry life.

The AFM of S.A. is committed to foster a positive climate for life-long learning amongst its ordained pastors. To promote best practice and serve wisely and well, guidelines for service providers of PCD courses and material were developed. PCD service providers are encouraged to offer learning activities in line with adult education principles, with the goal of not only acquiring new or updated knowledge, but also of improving competence and ultimately the ministry effectiveness of ordained pastors.

The purpose of this document is to set out and describe the criteria and responsibilities as well as the application process towards becoming a recognised AFM PCD service provider, or event.

In order to be considered and approved as a recognised AFM PCD service provider whose course material and/or training would be awarded with PCD credits, organizations or individuals need to provide the national PCD office with the necessary information and comply to the criteria as set out below. This will assist the PCD coordinator and the Governing Board of the Education and Training Department to assess each applicant on the basis of the requirements and enable the NLF to make a final decision.

The advantages of recognition as an AFM PCD service provider, or event are that Regions would be provided with a list of such accredited PCD service providers and events and the number of PCD credits that their events/ courses/ training material qualifies for. Recognised service providers will also be able to market themselves as such. –Neither the AFM or PCD is under any obligation to organize events on behalf of recognised service providers.

## **1. Information to be provided by applicants:**

- 1.1. Name of providing organisation and/or individual.
- 1.2. Name of responsible person.
- 1.3. Postal Address.
- 1.4. Contact Telephone (including area code).
- 1.5. Contact Fax nr. (including area code).
- 1.6. E-mail Address.
- 1.7. An indication of the target audience and why the content is deemed to be fit for the specific target audience. (The focus being ordained AFM pastors within the context of the diversity of the church.)
- 1.8. A summary and explanation of the content of the course/ training. Please supply us with a detailed content outline, NOT just a list of the topics. If necessary the full content should be made available for perusal.
- 1.9. The proposed time frame and detail of the program of the course/ training (sessions, days, etc.) should be included in the presentation.
- 1.10. A clear description of the expected outcomes of the course/ training.
- 1.11. State where and how the content of the course/ training originated.
- 1.12. If the course/ training aim to provide an academic qualification or certification towards ministry: Attach proof of registration as a higher education institution and/ or NQF accreditation with SAQA.
- 1.13. Attach a copy of the proposed attendance register.
- 1.14. Attach a copy of the attendance certificate that will be provided on completion of the activity.
- 1.15. Specify the intended mechanism for monitoring and recording attendance (per hour or per session) for the duration of the event.

## **2. Criteria against which applications will be considered:**

- 2.1. The extent to which the course/ training fits into the vision and master plan of the AFM.
- 2.2. The extent to which the course/ training fits into the broader dogmatic and ethical frame of reference of the AFM.
- 2.3. The extent to which the course/ training will provide ministry development in context of the nine competency areas for AFM pastors. [*1.Evangelism & Missions, 2.Pastoral Care, 3.Spiritual Leadership, 4.Personal Development, 5.Practical and liturgical Skills, 6.Management & Administration, 7.Interpersonal and relational skills, 8.Community and social involvement, 9.Theological foundation.*]
- 2.4. The extent to which the course/ training is ministry and leadership development orientated.

- 2.5. Whether the institution or person providing the course/ training is in good relational standing with the AFM.

### **3. Requirements:**

- 3.1. Recognised AFM PCD service providers will be allocated a service provider specific identification number.
- 3.2. The recognised AFM PCD service provider shall issue an attendance certificate to all ordained pastors who attended the PCD activity /or on completion of a series of events. If these are not available on the day/on completion of the event the certificate/s should be sent to attendees within one month.
- 3.3. The attendance certificate shall contain the following information:
- The recognition and activity number (e.g. PCD001/12/09/2014).
  - The topic, place and presenter/s of the activity.
  - The Region responsible for the course/ training/ event.
  - The attendance/completion date; and
  - The name of the attendee.
- 3.4. The recognised PCD service provider shall provide a record that reflects attendance at the entire event/ completion of activity to the national PCD office, as it may be required in a compliance audit.
- 3.5. The number of credits given to a specific recognised course/ material, (for example 5 PCD credits) is not necessary in accordance with the actual time frame used to present it.
- 3.6. In order to be awarded recognised AFM CPD service provider status, organizations or individuals agree to exercise integrity and ethical behaviour in the validation of participant attendance and in providing participants with attendance certificates. If this should ever be questioned, recognition may be withdrawn.
- 3.7. Recognised AFM PCD service providers are provided with a recognition and activity number for a specific course or training material. This recognition will be in one, or more of the following categories: Recognition for a once off event, an annual event and, or recognition for a period of three years. Service providers need to renew their recognition according to the category awarded to them. If service providers wish to develop and/or present a new or additional course/ material, they also have to apply for recognition.
- 3.8. The AFM of S.A. has the right to withdraw the recognition given to a PCD service provider if that provider no longer fulfils the criteria and/ or requirements as set out in this document.

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| <b>AFM PCD</b>                                                                                                                                                     | <b>APPLICATION FOR APPROVAL OF AFM PASTORS CONTINUOUS DEVELOPMENT (PCD) SERVICE PROVIDERS.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Please complete and submit this application to the National PCD coordinator's office.<br>pcdafm@gmail.com or P.O.Box 5238, Tygervalley, 7536 Cell nr: 083 793 9112 |                                                                                                |
| Name of Providing Organisation and/or Individual.                                                                                                                  |                                                                                                |
| Postal Address of Providing Organisation and/or Individual.                                                                                                        |                                                                                                |
| Name of Responsible/ Contact Person. (Organisation/Individual)                                                                                                     |                                                                                                |
| Contact number of Responsible/ Contact Person.                                                                                                                     |                                                                                                |
| Fax Number (Including Area Code) (Organisational/Individual)                                                                                                       |                                                                                                |
| e-Mail Address (Organisation/Individual)                                                                                                                           |                                                                                                |
| Course/ Event/ Activity Title.                                                                                                                                     |                                                                                                |
| Target Audience.                                                                                                                                                   |                                                                                                |
| Date(s) of Course/ Activity/Event. (If applicable)                                                                                                                 |                                                                                                |
| Registration Fee involved for participants. (If applicable)                                                                                                        |                                                                                                |
| Venue (Full Address) of Activity (If Applicable)                                                                                                                   |                                                                                                |
| Suggested PCD Credits.                                                                                                                                             |                                                                                                |
| Duration of learning activity (hours)                                                                                                                              |                                                                                                |
| Specify the intended mechanism for monitoring attendance (per hour or per session) for the duration of the activity.                                               |                                                                                                |
| Specify intended method of evaluation (e.g. Questionnaire).                                                                                                        |                                                                                                |
| Please attach the information as requested in the policy framework for AFM PCD service providers and/or events recognition information section 1.8 -1.14           |                                                                                                |

With the submission of this application, I herewith undertake to monitor the attendance for the duration of the activity and to exercise integrity and ethical behaviour in the validation of participant attendance and in providing participants with attendance certificates. I recognize the authority of the Governing Board of the Education and Training Department and the AFM NLF to cancel the recognition in the event of non-compliance with the criteria.

**Signature: ORGANISATION/ INDIVIDUAL**

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**Name: ORGANISATION/ INDIVIDUAL**

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**Designation: ..... Date: .....**

**FOR OFFICE USE:**

**This is to certify that the above application of**

.....  
 (Name of Providing Organisation and/or Individual)

**Has been ACCEPTED/ DECLINED.**

**THIS RECOGNITION IS VALID UNTIL AND NEEDS TO BE RENEWED BEFORE**

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|                                                              |  |
|--------------------------------------------------------------|--|
| Recognition and Activity number:                             |  |
| Number of PCD credits awarded to Course/<br>Training/ Event: |  |
| Reasons for non-accreditation:                               |  |

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**SIGNATURE ON BEHALF OF PCD**

**DATE:**

**NAME AND DESIGNATION:**