

Agreement for Participation in a Clinical Pastoral Education Course

This document and acceptance into the Royal Perth Bentley Group (RPBG) Clinical Pastoral Education (CPE) program authorises you to visit patients, be informed of their situation, to document your assessments, interventions, and plan for care in the medical record, and to function as a member of the Centre for Wellbeing and Sustainable Practice (CWSP) and the interdisciplinary teams on the clinical wards to which you are assigned.

Student's Initials _____

This agreement allows you to develop written materials which would be most beneficial to your educational process. Confidentiality is basic to professionalism and any communication regarding patients outside of the CWSP, interdisciplinary team, and your *CPE Educator ("Educator") and peers is prohibited, except as required for the safety of patients, loved ones or others. Breach of this standard of professional confidentiality is determined by East Metropolitan Health Service (EMHS) policies and may result in your immediate termination.

Student's Initials _____

The material submitted to your Educator concerning you and your professional work as a CPE student may be used in the learning, consultation and professional development of your Educator. It may also be used as part of research intended to contribute to the field of pastoral education and spiritual care. Unless full disclosure of these documents is required by law, your Educator will ensure the material is de-identified to protect your confidentiality and the confidentiality of your peers, hospital staff and patients.

Student's Initials _____

You understand that as part of your Educator's learning and professional development, some or all of your individual and group supervisory sessions may be recorded. You understand that you may request the termination of recording at any time. Videos will be viewed by your Educator, and may be viewed by other CPE Educators for education and professional credentialing purposes only. Videos will be erased once they have served their purpose.

Student's Initials _____

Your written evaluation(s) and your Educator's written evaluation(s) may be shared by your Educator with other CPE Educators and other professionals from whom your Educator seeks consultation and professional development. Your Educator will alter the material to minimise the chances that you will be identified. All other instances of sharing your or your Educator's written evaluation(s) will require a written release signed by you, unless full disclosure of the documents is required by law or required for program accreditation.

Student's Initials _____

In all of your activities during your CPE experience you agree to function professionally and within the scope of the policies, procedures and expectations set forth by RPBG and EMHS.

Student's Initials _____

You have access to all RPBG, EMHS and WA Health policies and procedures through the intranet. You have access to RPBG CPE Policies and Procedures, located on the RPBG CPE Centre website.

Student's Initials _____

You understand that your student fee as published on the RPBG CPE website due per the terms of the invoice you have or will receive, and is non-refundable except as specified in

the RPBG CPE Financial Policy. Failure to pay the tuition may result in your exclusion from the program, not receiving a certificate of completion and/or being denied admission to any future unit of CPE at RPBG.

Student's Initials _____

You understand that attendance at the CPE bush experience and all classroom sessions is compulsory. Absence due to illness or personal emergency is acceptable (proof may be required), however a certificate of completion of CPE can only be issued if the participant has attended a minimum of 90% of all required group education and clinical practice hours and has completed all required assignments.

Student's Initials _____

You understand that RPBG reserves the right to review and adjust the education dates, times and mode of delivery. Consideration will be given to the circumstances of all participants.

Student's Initials _____

You understand that unless declared in writing that you wish otherwise, your image may be used on the RPBG CPE website for promotional and informational purposes.

Student's Initials _____

You understand that unless declared in writing that you wish otherwise, your name and contact information will be maintained on a database within the CPE program's records. You may be contacted for matters related to program evaluation and feedback, news related to CPE, job opportunities, and other professional matters related to CPE and spiritual care.

Student's Initials _____

**The term "CPE Educator" includes CPE Educators, CPE Supervisors and those in training.*

I, _____ (print your name) understand and agree to the conditions of this Agreement for Participation in a Clinical Pastoral Education course.

CPE Student, signature

Date

CPE Educator, signature

Date

CPE Educator (print name)

Revised June 2023