

Agreements for Participation in a unit of Clinical Pastoral Education

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 records, and to function as a member of the Centre for Wellbeing and Sustainable Practice and the interdisciplinary teams on the clinical wards to which you are assigned.

Student's Initials _____

This agreement allows you to develop materials (reminiscences, reflections, pastoral rituals, evaluations, etc) that would be most beneficial to your educational process. Confidentiality is imperative and any communication regarding patients outside of the Centre for Wellbeing, interdisciplinary team, and your *CPE Educator ("Educator") and peers is prohibited, except as required for the safety of patients, loved ones or others.

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 pastoral care. Unless full disclosure of these documents is required by law, your Educator will alter the material to minimise the chances that you will be identified.

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 videotaped. You understand that you may request the termination of taping 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 supervision. 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 Royal Perth Bentley Group, EMHS, and the CPE association in which the course is registered or accredited. You have read the WA Health Code of Conduct.

Student's Initials _____

You have access to all RPBG, EMHS and WA Health policies and procedures through the intranet, and to the Standards of the accrediting CPE association. You have access to RPH CPE Policies and Procedures, and to program materials in your Student Handbook and Centre for Wellbeing and Sustainable Practice Manual.

Student's Initials _____

You understand that your tuition fee of \$3,750 is 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.
Student's Initials _____

You understand that access to a mobile phone with data sufficient to send and receive messages via MS Teams is required while on placement within the RPBG.
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 upon completion of CPE, you may choose to enrol as a member of the accrediting CPE association and/or Spiritual Care Australia. Details for membership are available on the respective websites.
Student's Initials _____

You understand that unless declared in writing that you wish otherwise, your image may be used on RPBG CPE websites 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 pastoral 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 unit of Clinical Pastoral Education.

CPE Participant, signature

Date

Revised June 2024