**Clinical Pastoral Education (CPE) Application Form**

**Applicant information**

|  |  |
| --- | --- |
| **Date this application was submitted:** | |
| **Surname:** | **Given name:** |
| **Address:** | |
| **Email:** | |
| **Preferred Phone:** | **Alternate Phone (optional):** |
| **Spiritual, Philosophical or Religious Identity:** | |

**CPE Unit**

Please indicate which CPE unit you are applying for.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select** | **Unit** | **Unit Type** | **Dates** | **Application Deadline** |
| 1 | Autumn 2026  (3 days per week) | Part-time | 20/1/2026 – 29/04/2026 | 14/11/2025 |
| 1 | Winter 2026  (3 days per week) | Part-time | 06/05/2026 – 14/08/2026 | 27/02/2026 |
| 1 | Spring 2026  (3 days per week) | Part-time | 04/09/2026 – 11/12/2026 | 26/06/2026 |
| 1 | Summer 2026/27  (5 days per week) | Full-time | 16/11/2026 – 05/02/2027 | 11/09/2026 |

**Education and Professional Qualifications**

|  |
| --- |
|  |

**Prior CPE Experience**

Please record each unit, the centre, the year and the supervisor

|  |
| --- |
|  |

**Professional Experience**

Current occupation and length of time

|  |
| --- |
|  |

**Working With Children Card**

Please provide a copy of your current ‘Working With Children’ card

**References**

Please include the names of two referee contacts. Referees may come from professional or academic experience, faith community or previous CPE supervisors

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Email | Phone No. | Relationship | Length of relationship |
|  |  |  |  |  |
|  |  |  |  |  |

**Payment of fees**

|  |
| --- |
| **1** I will pay  **1**My institution or sponsor will pay  Institution:  Contact Person:  Telephone:  Email: |

**Statement of endorsement**

If applicable, please include a statement of endorsement and intent to pay your fees from your sponsor or institution

**Application Questions**

1. **Write an account of your life. Describe the impact significant relationships, events and work have had on your development of your personal and professional identity, as well as on the formation of your worldview, spirituality and core values.**

**(1500-2000 words)**

|  |
| --- |
|  |

1. **Your current CV or resume**
2. **A description of your experience of a critical life event such as illness, disability, loss or trauma, and how that has influenced who you are today.**

**(500 words)**

|  |
| --- |
|  |

1. **An example of a conversation in which you engaged with a person, and you listened, heard their concerns and either helped them overcome a setback or gain clarity and direction.**

**(500 words)**

|  |
| --- |
|  |

1. **What three (3) learning goals might you set for yourself during a CPE experience?**

|  |
| --- |
|  |

1. **How do you envisage applying your CPE experience after the conclusion of the course?**

|  |
| --- |
|  |

**Next steps**

* When application is complete, attach all documents in pdf format in a single email to [cpe@health.wa.gov.au](mailto:cpe@health.wa.gov.au)
* Receipt of application materials will be acknowledged by email
* Applicants will be notified of arrangements for an interview after the application deadline for the unit they have applied for
* A copy of successful applicants’ application will be kept in the centre files