****

**Application for Clinical Pastoral Education**

**Step 1: Provide the following information**

|  |  |
| --- | --- |
| **Date this application was submitted**: Click here to enter text. | |
| **Surname:** Click here to enter text. | **Given name:**  Click here to enter text. |
| **Post Address:** Click here to enter text. | |
| **Email:** Click here to enter text. | |
| **Preferred Phone:** Click here to enter text. | **Alternate Phone (optional):** Click here to enter text. |
| **Religious, spiritual or philosophical identity:** Click here to enter text. | |
| **Current position and employer:** Click here to enter text. | |
| **Tertiary Education and Qualifications:**  Click here to enter text. | |
| **Prior CPE (Dates, Centre, Supervisor):**  Click here to enter text. | |
| **Applying for (see list of upcoming units posted on** <https://rph.health.wa.gov.au/Our-services/Clinical-Pastoral-Education> **):** Click here to enter text. | |
| **Institutional Sponsor if applicable:** Click here to enter text. | |

**Step 2: Address the following questions**

1. **A reasonably full account of your life. Describe the impact significant relationships and events have had on the development of your personal and professional identity. (2000 word maximum)**

Click here to enter text.

1. **A description of the development of your spiritual life including events and relationships that influenced the growth of your spirituality, faith or world view. (1500 word maximum)**

Click here to enter text.

1. **A description of the development of your vocational history, including paid and voluntary work with a chronological list of positions and dates. (1000 word maximum)**

Click here to enter text.

1. **A description of your personal experience of a critical life event such as illness, disability, loss or trauma, and how that has influenced who you are today. (500 word maximum)**

Click here to enter text.

1. **A description of an incident in which you were called to help someone, your understanding of the request, how you attempted to help, and what you learned about yourself as a result. (500 word maximum)**

Click here to enter text.

1. **Your understanding of Clinical Pastoral Education, what you want to learn, and how you hope to use the training. (250 word maximum)**

Click here to enter text.

1. **Any special needs you may have during CPE. (250 word maximum)**

Click here to enter text.

1. **Copies of your own and your supervisor’s evaluations from previous CPE if applicable.**

Click here to enter text.

1. **A statement of endorsement and intent to pay fees from your sponsoring body if applicable.**

Click here to enter text.

**Step 3: Obtain letters of endorsement from three referees**

**Request that each referee comment on their relationship to you, perceptions of your personal and spiritual maturity, your ability to learn and grow, your resilience in crisis, and your readiness to function in a professional manner. Please ensure that your referees’ contact details are included in their letters.**

**Step 4: Submit your application**

**Once all of the above is complete, attach all documents to a single email and send to** [**cpe@health.wa.gov.au**](mailto:cpe@health.wa.gov.au)**. Incomplete applications will not be considered. You will receive an email confirming receipt of your application materials. We do not accept hard-copy applications.**

**Step 5: You may be invited for an interview**

**Interviews are typically conducted by two CPE Educators. We generally complete all interviews for a particular course before notifying applicants; therefore there can be weeks or even months between your interview and notification of our decision.**

**Step 6: Your responsibilities if accepted into the program**

**Once you declare your intent to enrol in the CPE program, it will be necessary for you to provide a significant amount of medical and legal information required by the WA Department of Health for all hospital workers. Failure to provide these documents in a timely manner may prevent you from participating in the CPE program.**

**Step 7: Payment of fees**

**Please see the list of upcoming programs for current fee information. You will be invoiced by Royal Perth Hospital prior to the commencement of the course. Unless otherwise negotiated, full payment will be required before the course begins. Fees are non-refundable except as noted on the Financial Policy.**

**For more information visit**

<https://rph.health.wa.gov.au/Our-services/Clinical-Pastoral-Education>

**or call**

**(08) 9224 2482**