

ANZACPE INTER-ASSOCIATION APPLICATION FORM FOR CPE

WHICH CPE CENTRE ARE YOU APPLYING TO? _____

WHICH CPE UNIT ARE YOU APPLYING FOR? _____

NAME: _____

ADDRESS: _____

_____ POST CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____ EMAIL: _____

FAITH OR DENOMINATIONAL AFFILIATION: _____

PROFESSIONAL/OCCUPATIONAL EXPERIENCE:

Most Recent: _____

_____ Date: _____

PREVIOUS CLINICAL PASTORAL EDUCATION TRAINING:

Dates: _____ CPE Centre: _____

Have you applied for a CPE unit within your own state? _____

If so, which CPE Centre did you apply to? _____

What is your reason for applying for an inter-association unit of CPE?

If you were not accepted in another CPE unit what were the recommendations offered to you?

What placement arrangements do you have for the clinical aspect of a CPE unit? (i.e. where are you employed or undertake voluntary work as a pastoral/spiritual care practitioner?)

Who will be your contact person for the placement?

Please email the completed form to the CPE Centre Director to which you are applying