

REQUEST FOR AN ANZACPE ACCREDITATION COMMITTEE OR ACCREDITATION REVIEW COMMITTEE

This form is to be submitted to the Chair, ANZACPE Professional Standards Committee by Member Associations, on behalf of applicants. If the request is for a committee immediately prior to an annual ANZACPE Conference, this form needs to be submitted by 1 April. If the request is for a committee at another time, this form needs to be submitted at least four months prior to the anticipated time of the committee.

Standards and procedures for applicants can be found in the relevant standards. Please contact your ANZACPE member association for details.

COMMITTEE FEES: Accreditation \$700.00 Accreditation Review: \$600.00

NOTE: These fees are inclusive of a **non-refundable \$50.00 Administration Fee which must accompany the request for review.** For details of payment options, contact the treasurer, Cathy Brown cathy@brownclan.id.au

NOTE: NZACPE & SANTACPE fees are calculated according to the number of their members on the review committee. Please check with the **Chair, Professional Standards** on request for review.

ANZACPE Member Association: _____

Type of Committee: Accreditation or Accreditation Review

Level of Review: Clinical Pastoral Educator, Clinical Pastoral Education Consultant

Location of Review: ANZACPE Conference or alternative timing/location/mode (i.e. online via Zoom) _____

Name of Candidate: _____

Spiritual Affiliation (if any) _____

Email Address: _____

Mobile: _____

Verification of the candidate having met minimum requirements for ANZACPE review:

Has the candidate met all of the pre-requisites for this committee (see relevant standards for details)? Yes/No _____

If No, please explain circumstances: _____

Number of years functioning at current level: _____

Any special requests or points to note regarding this review: _____

Has the candidate requested to be a silent witness to the committee deliberations and if so have the nominated committee members below agreed to this? _____

Association Committee Members (max. 3) nominated by the Association (and having accepted nomination):

Name:

Accreditation Level:

Spiritual Affiliation:

Proposed Role on Committee: (Chair, Presenter, Member, Zoom host)

Postal Address:

Email Address:

Phone:

Mobile:

Title and Name:

Accreditation Level:

Spiritual Affiliation:

Proposed Role on Committee:(Chair, Presenter, Member, Zoom host)

Postal Address:

Email Address:

Phone:

Mobile:

Title and Name:

Accreditation Level:

Spiritual Affiliation:

Proposed Role on Committee:(Chair, Presenter, Member, Zoom host)

Postal Address:

Email Address:

Phone:

Mobile:

Association office bearer making request (if a different person to the one receiving the post review report, please indicate, including the person's details)

Name:

Role eg Secretary, Chair R&C Committee etc.:

Email Address:

Mobile: