**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](mailto: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:**