**Application for Interview in the**

**Clinical Pastoral Education Program**

***Note: Items with \* are required, all others are optional***

\*Name (Last/First): Click or tap here to enter text.

\*Home Address: Click or tap here to enter text.

\*City/Prov.:Click or tap here to enter text. \*Postal Code:Click or tap here to enter text.

\*Telephone - \*Home: Office \_\_\_ \*Email:

Occupation: Click or tap here to enter text.

Faith Tradition(s): Click or tap here to enter text.

Present Position: Click or tap here to enter text.

\***Education:**

|  |  |  |
| --- | --- | --- |
| College, Seminary, Graduate School | Degree Earned | Graduation Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\***Previous Clinical Training:**

|  |  |  |
| --- | --- | --- |
| Centre | Supervisor | Dates |
|  |  |  |
|  |  |  |

\*Other Significant Experience:Click or tap here to enter text.

\*Recent Positions Held:

Organization: Click or tap here to enter text.Date:Click or tap to enter a date.

Organization:Click or tap here to enter text.Date: Click or tap to enter a date.

**\*I wish to apply for the following program:**

Centre: First Choice.Click or tap here to enter text. Start Date of Unit:Click or tap to enter a date.

Centre: Second Choice Click or tap here to enter text. Dates of Unit: Click or tap to enter a date.

\***References:** Please give complete names, full addresses, email addresses, and phone numbers:

A faith leader or other spiritual guide: Click or tap here to enter text.

A former professor:Click or tap here to enter text.

Another person who knows you well:Click or tap here to enter text.

**\*Include with application:**

1. [ ]  A reasonably full account of your life including important events, educational experiences, relationships with important persons, and the impact of these on your development. (Approx. 4-8 pages in length, single-spaced)

2. [ ]  A discussion of your faith development, the decision to help others, and your current career goals.

3. [ ]  Your impression of Clinical Pastoral Education and your experience with it, if any.

4. [ ]  A description of an incident in which you were called on to help someone; the nature of the request, your understanding of the request, how you attempted to help.

5.[ ]  Through its special committee, " ᓃᒫᐃᐧᐣNîmâwin" (Bread for the Journey),

CASC/ACSS has embraced the recommendations of the Truth and Reconciliation Commission, and encourages all its members and students to practice reconciliation in their own lives and contexts. Please describe how you are personally working toward reconciliation; including your openness and experience learning from and with Indigenous people.

6. [ ]  Copies of evaluations of previous Supervised Pastoral Education courses, if any. Include Supervisor-Educators’ and self-evaluations for all Clinical Pastoral Education and Pastoral Counselling Education units.

7. [ ]  Note that a Clear Child Abuse Registry Check and a Clear Adult Abuse Registry Check are required if you are accepted into the CPE program.

By signing this application, you signify that, to your knowledge, you are not under investigation for abuse of any kind.

The Supervisor-Educators within the region will consult with each other to determine the best placement and distribution of students to optimize the learning experience. If accepted for an interview, you will meet with a team that may include one or more supervisors. The purpose of the interview is to discuss your goals and the program requirements in greater detail. Decisions regarding admission of applicants will be made following these interviews.

All CPE Supervisor-Educators have program approval from and are certified by the Canadian Association for Spiritual Care (CASC/ACSS).

Note: If currently enrolled at an educational institution other than the University of Winnipeg you will need a letter of permission to register for this course.

Click or tap here to enter text. Click or tap here to enter text.

Name Date

Signature