



Queensland Institute
of
Clinical Pastoral Education Inc.

CONFIDENTIAL
Application for enrolment

A. CPE Unit: (to which this application relates)

Centre: (Institution) _____

Address: _____

Postcode: _____
Level: Basic [] Advanced [] Mode: Part-time [] Full-time []
Commencement Date: _____
Supervisor(s): _____

B. Applicant's personal details:

Surname: _____ Title: _____ Sex: _____
Given Names: _____ Phone: w _____
Address: _____ h _____
_____ m _____
_____ P'code: _____ Email: _____
Date of Birth: d ___ m ___ y _____ Place of Birth: _____
Marital Status: _____ Spouse: _____
Children: (Names & Ages) _____

C. Church Affiliation:

Denomination: _____
Local Church/Parish: _____
Address: _____
Name of Parish Priest/Minister: _____
Address: _____
_____ Phone: _____

J. Past Experience of Ministry:

Description:	Location:	Dates:	Hours/week:
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K. Present Ministry/Pastoral Work:

Description:	Location:	Dates:	Hours/week:
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L. Present Pastoral Responsibilities/Roles: (give details)

M. Reasons for lodging this application: (your expectations and goals)

N. Other Information: (considered relevant to this application)

O. Referees: (three required, one from present or recent employment)

Name:	Address:	Phone:
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P. Documents to accompany application form:

1. Supervisor's **final evaluation report** of last CPE unit undertaken (if applicable).
2. An **autobiographical statement** giving an account of your life, including emotional, social and spiritual development, relationships with significant others and important events and experiences. (1,000 words minimum)
3. A **description and evaluation of a recent helping incident** in which you were personally involved. (500 words approximately)
4. A **statement of your learning goals and expectations** for this unit. (250 words approximately)
5. A **statement from your employer** endorsing your application (if applicable).
6. A recent **photograph**.
7. A **processing fee of \$25** (non-refundable, payable to QICPE).

Q. Lodging completed Application Form:

Mail to the Supervisor of the unit for which you are applying.

R.

Date

Signature of applicant