#

# AUSTIN HEALTH CPE CENTRE

# APPLICATION FORM

***Please complete form before saving and then email the complete application as one document only.***

**2024 – 2025 Dates**

[ ]

**Part time Unit**  [ ]  Semester 2 2/7/24 – 01/10/24 (*Applications Close 3/5/24)*

**Full time Unit**  [ ]  Summer **11/11/24 – 24/1/25** *(Applications Close 13/09/24)*

**Extended Unit\*** [ ]  22/2/25 – 1/8/25 (*Applications Close 6/11/24)*

**Part time Unit** [ ]  Semester 1 11/02/25 – 13/6/25 (*Applications Close 6/11/24)*

**Part time Unit** [ ]  Semester 2 01/07/25 - 07/11/25 (*Applications Close 2/5/25)*

**Full time Unit** [ ]  Summer **17/11/25 – 30/1/26** *(Applications Close 12/9/25)*

*\*external placements only*

## Have you applied to other CPE Programs? [ ]  YES [ ]  NO

If YES, please list order of preference

1.

2.

3.

**NAME:**

**ADDRESS:**

**POSTCODE:**

**TELEPHONE:** (H)       (B)       (Mob)

**EMAIL:**

**DENOMINATIONAL/FAITH/SPIRITUAL AFFILIATION:**

**DO YOU SEEK CREDIT FOR THIS COURSE WITH UNIVERSITY DIVINITY (UD)?**

**EDUCATION** (please state institution and level of qualification)

**Secondary:**

**Tertiary:**

**Theological:**

**Post Graduate study:**

**PREVIOUS CPE UNITS**

**CPE Centre:       Year:       Supervisor:**

**CPE Centre:       Year:       Supervisor:**

**CPE Centre:       Year:       Supervisor:**

**Present Vocation:**

**Other significant professional experiences:**

***Will you be expressing interest in an external placement?***

***If so, who will be your site manager?***

|  |
| --- |
| **REFEREES:** Please provide a minimum of 3 referees. These should be from your Faith group/Ecclesiastical, Professional and Academic experience and/or from previous CPE supervisors, as appropriate.1.Name: Phone:Relationship:2.Name: Phone:Relationship:3.Name: Phone:Relationship: |

Cost: $2100

Should your Application be successful, please indicate below who will be paying your fees?

E.g. Name/Church group/FEE-HELP:

APPLICATION MATERIALS AND PROCEDURES

You are requested to email the following information with your application:

1. The completed application form.
2. An autobiographical statement giving a **reasonably full account** of your life, including your emotional and religious/spiritual development up to the present time, family experience, health problems, educational background and professional goals. (approx 3 pages)
3. An example of a recent pastoral relationship.
4. Your current understanding of clinical pastoral education, your expectations of and goals for your training.
5. A recent photograph.
6. Referees (see above box) - 3 persons who are competent to recommend you for a course of this nature and who know you well enough to evaluate your work and character.

Closing date for applications listed on front page. Late applications may be considered.
Applicants will be contacted and notified of arrangements for interview with the Selection Committee. Interviews will be usually held within two weeks of the application.

There may be a possibility of external placement. This can be discussed at interview.

If you are successful in your application, we will need to get a Police Check (we provide this application form), we will need proof of 3 COVID vaccinations and we will require your D.O.B

**Enquiries and completed application to:**

Andrew Harper, Spiritual Care Manager

Department of Spiritual Care

Austin Health

Heidelberg Repatriation Hospital

300 Waterdale Road, Ivanhoe VIC 3079

Telephone: (03) 9496 3834

Email: cpe@austin.org.au

For inquiries before application andrew.harper@austin.org.au and cpe@austin.org.au