



This form cannot be completed on mobile devices such as iPad or tablets.

Clinical Pastoral Education Unit – Which session are you applying for? Fall Winter Spring/Summer Year:

Last Name Given Name(s) Middle initials Father's first name

Address Languages spoken

City Province Postal Code Languages written

Personal email address (for office use only) Telephone

Date of Birth (d/m/y) Male Female Place of birth Citizenship

Emergency Contact Relationship Telephone

Address

Any special needs or accommodations required for you to participate in the CPE unit

PREVIOUS STUDIES

UNIVERSITY

LOCATION

CLASSIFICATION

DEGREE COMPLETED

ACADEMIC YEARS

From

To

FULL
TIME

PART
TIME

FULL
TIME

PART
TIME

FULL
TIME

PART
TIME

WORK EXPERIENCE

EMPLOYER

LOCATION

FROM

TO

FUNCTION

Are there any personal health issues that we should be aware of?

I certify that all the statements on this application are correct and complete, including my declaration of citizenship and status in Canada. I understand that if my admission or registration is based on false information it is subject to cancellation at the sole discretion of The Ottawa Hospital. I agree to abide by all regulations of The Ottawa Hospital and the Canadian Association for Spiritual Care (CASC).

Student's Name

Date

SUPERVISOR

Application

Accepted

Denied

Printed Name

Signature

Date



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AUTOBIOGRAPHICAL QUESTIONNAIRE (TO BE COMPLETED BY CANDIDATE SEEKING ADMISSION TO THE CLINICAL PASTORAL EDUCATION PROGRAM)

Responses to this questionnaire will be kept strictly confidential. Your answers will help us ascertain whether your needs and aspirations will truly be served by our program. A screening interview with a certified supervisor of CPE is part of this application. A candidate whose first language is not English may also be asked to take a language test in advance of admission.

Credit will be given for well developed answers expressed succinctly.

1. Please evaluate yourself on the following:

5 - Excellent

4 - Very Good

3 - Good

2 - Weak

1 - Unable to Answer

Intellectual capacities

Breadth of general knowledge

Creativity

Spiritual care effectiveness

Job perseverance

Emotional maturity

Ease in interpersonal communications

2. Please do an autobiographical sketch which includes the following information

a) Family and other close relationships

b) Occupational experiences and their meaning in your life

c) Significant educational experiences

d) Religious growth including your motivations to pursue a religious vocation

e) Any other significant influence in your life

3. Outline the reasons that led you to apply for admission to this Clinical Pastoral Education program.

4. List some of your a) personal and b) profession goals:

5. Have you applied to any Clinical Pastoral Education units elsewhere?

No

Yes

6. Have you had any previous Clinical Pastoral Education units?

No

Yes

FROM

TO

Level of training:

Supervisor:

Centre

Level of training:

Supervisor:

Centre

Level of training:

Supervisor:

Centre

Level of training:

Supervisor:

Centre

7. Briefly describe a situation in which you were called upon to provide spiritual and emotional support. What was the need and what was your response to it?

8. Tell us about any experiences you have had with the health care system?

9. Are you presently, or have you ever been in any grievance or ethical investigation process?

Please send your curriculum vitae, transcripts, and reference letters to: Coordinator of Clinical Pastoral Education, c/o Spiritual Care Services, The Ottawa Hospital, Civic Campus, 1053 Carling Ave. Ottawa, ON K1Y 4E9 or clinicalpastoraleducation@toh.on.ca

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