**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 onlt) 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 |

**WORK EXPERIENCE**

full time

full time

full time

part time

part time

part time

**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).

## Intern’s Name Date

Application

Accepted Denied

**SUPERVISOR**

Printed Name Signature Date

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

1. **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

1. **Outline the reasons that led you to apply for admission to this Clinical Pastoral Education program.**
2. **List some of your a) personal and b) profession goals:**
3. **Have you applied to any Clinical Pastoral Education units elsewhere?** No Yes



1. **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

1. **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?**
2. **Tell us about any experiences you have had with the health care system?**
3. **Are you presently, or have you ever been in any grievance or ethical investigation process?**

**Please send your application and all your documents to: Coordinator of Clinical Pastoral Education, c/o Spiritual Care Services, The Ottawa Hospital, Civic Campus, 1053 Carling Ave. Ottawa, ON K1Y 4E9 or** [**cpe@toh.ca**](mailto:cpe@toh.ca)

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