

The Alfred Health & Community
CENTRE FOR CLINICAL PASTORAL EDUCATION
APPLICATION FORM

Full time Units Please circle	Part time Units Please circle	Have you applied to other CPE Programs? YES..... NO.....
Summer 2015/2016 <i>Nov 10th 2015 – Jan 23rd 2016</i> <i>Applications close:</i> <i>Sep 26th 2015</i>	Sem 1 2016 Feb 10 th 2016 - June 10 th 2016 Applications Close December 4 th 2015	If YES, please list order of preference 1..... 2..... 3.....
Summer 2016/2017 <i>Nov 8th 2016 – Jan 20 2017</i> <i>Applications close:</i> <i>Oct 2rd 2016</i>	Semester 2 2016 July 6 nd 2016 - Nov 4 th 2016 Applications close May 20 th 2016	

NAME.....**DOB**.....

ADDRESS.....

.....**POSTCODE**.....

TELEPHONE.....(H).....(B).....(Mob)

EMAIL.....

DENOMINATIONAL/FAITH AFFILIATION

EDUCATION State institution and level of qualification	CPE experience No of units:	Present Occupation:
Secondary:	Basic:	Length of Time:
	Advanced:	
Tertiary:	Centre/s	Other significant professional experiences:
Theological:	Supervisor/s:	
Post Graduate study:		

REFEREES: Please provide a minimum of 3 references. These should be from your Faith group/Ecclesiastical, Professional and Academic experience and/or from previous CPE supervisors, as appropriate.

