

# CLINICAL PASTORAL EDUCATION PROGRAMS APPLICATION

**Newfoundland & Labrador Health Boards Association**

NAME			APPLICATION DATE		
ADDRESS			POSTAL CODE		
PHONE (Home)	(Work)	FAX	E-MAIL		
PERMANENT ADDRESS (if different from above)					
DATE OF BIRTH		MARITAL STATUS		S.I.N.	
DENOMINATION/FAITH GROUP		ORDAINED <input type="checkbox"/> NO <input type="checkbox"/> YES - DATE			
PRESENT POSITION					

## EDUCATIONAL HISTORY (post secondary)

Dates (start – finish)	INSTITUTION (name)	DEGREE/DIPLOMA/CERTIFICATE

## PREVIOUS CPE EXPERIENCE

TRAINING CENTRE	
ADDRESS	
SUPERVISOR	DATE

**Please include the following with your application: (Use separate sheets)**

1. Develop an in-depth autobiographical sketch of your "life journey". In your paper (two-three pages) describe how you have integrated significant events into your life as they relate to your a) psychological, b) social, c) educational and d) spiritual development.
2. What are your reasons for seeking Clinical Pastoral Education at this time?
3. Please describe your present physical condition and indicate any physical limitations.
4. Have you ever experienced the benefits of Spiritual Direction? Counselling? Psychotherapy? If so, please describe.
5. What are your personal and professional goals?
6. Briefly describe a recent pastoral contact and your intervention as a pastoral person.
7. If you have had previous C.P.E., please include for each previous unit;
  - a) Your own evaluation
  - b) Your supervisor's evaluation of you.
8. Have you appeared before a Regional Admitting Committee?  
 NO     YES - If so, please enclose a copy of the report(s).
9. Please add any other relevant information not covered.
10. Enclosed are three letters of reference for you to give to persons who know you. One of these should be a denominational official: the other two are your choice. Please list these people.

NAME	ADDRESS	RELATIONSHIP TO YOU
1.		
2.		
3.		

**Note: You must complete and submit an application to Queen's College if you have not previously been a student at Queen's College, St. John's, NL.**

**PLEASE SEND APPLICATION TO:**

Mr. John Peddle  
Executive Director  
Newfoundland and Labrador Health Boards Association  
2<sup>nd</sup> Floor, Beothuck Building  
20 Crosbie Place  
St. John's, NL A1B 3Y8  
Tel: (709) 364-7701, ext 317  
Fax: (709) 364-6460  
E-Mail: [jpeddle@nlhba.nl.ca](mailto:jpeddle@nlhba.nl.ca)

**LETTER OF REFERENCE AND RECOMMENDATION  
FOR CPE APPLICANTS**

NAME OF APPLICANT:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF PROGRAM: \_\_\_\_\_

RETURN TO:

Mr. John Peddle

Executive Director

Newfoundland and Labrador Health Boards

Association

2<sup>nd</sup> Floor, Beothuck Building

20 Crosbie Place

St. John's, NL A1B 3Y8

Tel: (709) 364-7701, ext 317

Fax: (709) 364-6460

E-Mail: [jpeddle@nlhba.nl.ca](mailto:jpeddle@nlhba.nl.ca)

NAME OF REFERENCE GIVER:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

POSITION/FUNCTION: \_\_\_\_\_

Please do not return this letter to the candidate, but send it directly to the address on the left. ***Please mark CONFIDENTIAL.*** Please use extra sheets if necessary. Thanks for your prompt attention to this matter.



1. How long have you known the candidate, and in what capacity have you known him/her?

\_\_\_\_\_

2. How do you evaluate the candidate?

(a) in his/her pastoral effectiveness?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) in his/her personal disposition for work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you think of his/her plans to pursue pastoral studies? (motivation, aptitudes, chance of success, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please evaluate the candidate according to the following rating scale.

	Excellent	Very Good	Good	Weak	Very Weak
Breadth of general knowledge					
Conflict resolution skills					
Creativity					
Degree of self-awareness					
Emotional maturity					
Intellectual capacities					
Interpersonal communication skills					
Openness to new ideas					
Spiritual maturity					

5. Please identify what, in your opinion, CPE might help the candidate learn.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Additional remarks and comments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE FORWARD REFERENCE TO:**

Mr. John Peddle  
 Executive Director  
 Newfoundland and Labrador Health Boards Association  
 2<sup>nd</sup> Floor, Beothuck Building  
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