

SASKATOON INSTITUTE FOR PASTORAL EDUCATION

Application for Clinical Pastoral Education



**** Please note that a \$10.00 non-refundable processing fee must accompany this application form. Please make cheque payable to SIPE. ****

The Program for which you are applying: Spring - intensive: _____; Winter - extended: _____

Preferred Site (LutherCare Communities, St. Paul's Hospital): _____

Full Name: _____ Date of Birth: _____

Present Mailing Address: _____

E-mail address: _____

Present Telephone Number: _____

Denominational Affiliation: _____

Mandate for Ministry: (Licensed, Ordained, Religious, Other - please specify): _____

Present Position: _____

Myers-Briggs Type Indicator Preferences (if known): _____

Enneagram Type (if known): _____

| <u>Education:</u> | <u>Specialization:</u> | <u>Degree/ Diploma:</u> |
|-------------------|------------------------|-------------------------|
| College: _____ | _____ | _____ |
| Seminary: _____ | _____ | _____ |
| Other: _____ | _____ | _____ |

Previous Supervised Pastoral Education: (including Dates, Centres and names of Supervisors):

Other Significant Education and/ or Experiences: _____

Recent Positions Held: Place: Position: Dates:

References: Name: Address: Telephone No.:

Denominational: _____
Academic: _____
Other: _____

What do you do for relaxation? _____

Please respond to the following statements (preferably typed and double spaced):

1. A reasonably full account of your life, including important events and relationships, and the impact of these relationships on your development.
2. A description of your relationship to significant others at this time, and the issues and transitions in your life which are important.
3. A description of the development of your spiritual life, and your current pastoral care aspirations.
4. Your impression of CPE, and your expectations of the program to which you are applying.
5. Describe an incident in which you were called upon to help someone; the nature of the request and how you attempted to help.
6. Copies of your own evaluation and that of your Supervisor of previous CPE Units (if any).

Signature of Applicant

Date

Please forward the completed application with payment covering the processing fee to:

Rev. Tom Powell, Chaplain
219 Swan Crescent
SASKATOON, Saskatchewan
S7J 5B4
email address: tompowell@sasktel.net