



Application for Supervised Pastoral Education Unit(s)

Applying for Individual Unit **Residency** **Beginning when?** __ / __
month year

Unit(s) of Clinical Pastoral Ed. **Pastoral Counseling Ed. (if available)**

Name: _____ E-Mail: _____

Phone# (home) ____-____-____ (work or alternate) ____-____-____ (ext.) _____

Address: _____
house/apartment no. street name/no.

_____ city province postal code

Faith Group: _____ Ordination (Y/N) __ Year _____

Theological School(s) _____ Degree _____ Year _____

_____ Degree _____ Year _____

Other post-high school education (institution/ degree or certification/year completed)

Work history (last five years) beginning with most recent employer/job title/years of service

Please attach the following to your application form.

- ◆ A five page autobiographical narrative, including some aspects of your spiritual/religious journey and your reasons for wanting SPE at this time.
- ◆ A list of three learning goals you have for SPE.
- ◆ Two letters of reference.
- ◆ Any SPE supervisory and self evaluations.
- ◆ A nonrefundable \$100.00 application fee payable to St. Joseph's Healthcare Hamilton – Spiritual Care Department.

(continued on back of form)

