

APPLICATION FORM

SUPERVISED PASTORAL EDUCATION

Last Name:		First Name:		Date: YYYY/MM/DD	
Street Address:			Apartment/Unit#:		
City:		Province:		Postal Code:	
Phone:		Email Address:			
Occupation:					
Faith Group:			Denomination (if Christian):		
Education					
University:					
From:		To:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
University:					
From:		To:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other Degree(s):					
From:		To:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Academic Credit					
Those accepted into the course are required to immediately register and pay student fees and tuition as a student with Martin Luther University College https://luther.wlu.ca/ .					
Course Participation through Videoconference					
Applicants who are employed in Spiritual Health may request consideration to be given to participate through videoconference. Costs for on-site supervision sessions will be the responsibility of the student.					
Do you require SPE via videoconference? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous Supervised Pastoral Education "For each SPE course (CPE OR PCE) completed, please include with your application a copy of the "Summary & Assessment of Learning" documents completed by you and your Supervisor-Educator.					
SPE Centre:			Address:		
From:		To:		Supervisor:	
SPE Centre:			Address:		
From:		To:		Supervisor:	
SPE Centre:			Address:		
From:		To:		Supervisor:	

Employment Experience Related to Spiritual Health
Provide an overview of work experience as it relates to Spiritual Health. (attach document of 2-3 pages)
Overview of Personal and Professional Development
Provide an overview of significant influences and formative relationships for you, both personally and professionally. (attach document of 2-3 pages)
Understanding of Spiritual Health
Describe what spiritual health means to you and your interests in spiritual health clinical practice. (attach document of 2-3 pages)
Reasons for Pursuing Supervised Pastoral Education
Outline your learning intentions for SPE. How does SPE fit with your career goals? (attach document of 1 page)

Three (3) Letters of Support and References (using the format provided)				
<p>Please provide 3 Letters of Reference from the following:</p> <ol style="list-style-type: none"> 1. A key faith group official or spiritual leader indicating their support and evidence of your standing in the faith group to which you belong. 2. Two other persons of your choice who can provide an evaluative perspective about your educational needs and work in spiritual care and/or counseling. <p>Send to each of your references the Reference Letter Form provided by Providence Care. Completed References can be emailed directly to thompsoa@providencecare.ca</p>				
References				
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Position:				

Interview

After we receive your Application and three Letters of Reference, you will be contacted to set up an interview for exploration of your desire and readiness to participate in SPE and suitability of the SPE course for your professional development.

Information Relevant To Acceptance Into The SPE Course:

1. Tuition and student fees will be payable to Martin Luther University College through their registration process.
2. The Canadian Association for Spiritual Care (CASC) requires that all students registered in a SPE course must be a member of CASC. Verification of membership is required prior to the beginning of the course. <http://www.spiritualcare.ca/>
3. A "Criminal Reference Check that includes a "Vulnerable Sector Screen", completed within three months prior to the beginning of the first day of the course.
4. Communicable Disease Health Clearance Requirements Form to be completed prior to the beginning of the first day of the course (form will be provided to you by our office after acceptance into the course)

Please direct correspondence to:

Andrea Thompson, MTS, CSE, RP.
Providence Care www.providencecare.ca
752 King Street West
Kingston, ON K7L 4X3
613-544-4900 Ext 53142
thompsa@providencecare.ca

Please submit Application and all other material by email.