 

Clinical Education in Spiritual Care

at

Hamilton Health Sciences

[**http://hamiltonhealthsciences.ca/body.cfm?id=2155**](http://hamiltonhealthsciences.ca/body.cfm?id=2155)

Application for the extended unit Sept 2018- April 2019

Please submit applications before April 13, 2018

Clinical Pastoral Education, a multifaith educational unit run through the *Canadian Association for Spiritual Care and Counselling* (CASC), is an integrated practical and theoretical process where learners gain experience and skills in providing meaningful Spiritual Care through qualified supervision and a facilitated peer group process. For more information please go to [www.spiritualcare.ca](http://www.spiritualcare.ca) tab education

**Personal Information**

Name: Click or tap here to enter text.

Address:Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email Address:Click or tap here to enter text.

**Education:** In this section, outline your post-secondary education, including your university degree, your theological degree (if applicable), and other relevant degrees or certificates

1. Theological school attended:Click or tap here to enter text.

Degree received and year graduated:Click or tap here to enter text.

1. College/University attended:Click or tap here to enter text.

Degree received and year graduated:Click or tap here to enter text.

1. Other/additional education attended:Click or tap here to enter text.

Degree/certificate received and year:Click or tap here to enter text.

**Past work experience**

|  |  |  |
| --- | --- | --- |
| **Job title/description** | **Company/ location** | **Dates of employment** |
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**Additional Courses/ Experience/Volunteer Work**

Click or tap here to enter text.

**Faith Group Information**

Name of Spiritual Association/Faith Group/Religion:Click or tap here to enter text.

Describe your current and past involvement in your spiritual community, ie. Congregation, house church, religious order, synagogue, temple, contemplative practice. If you do not have a spiritual community, briefly describe your spiritual journey?

Click or tap here to enter text.

**Previous CPE/PCE units**

Please list any previous units attended (include units completed and those not completed). Include the name of the supervisor, site where unit occurred, dates the unit was taken and if the unit was completed or not. Please attach any Summary and Assessments to your application

1. Click or tap here to enter text.
2. Click or tap here to enter text.

**References**

Please enter the names and contact information for three references. Two references should be from an individual who oversaw you as a student, employee or volunteer. One reference should be from a spiritual leader of your faith group or someone who can comment on your spiritual practice. Please advise your references that they will be contacted and requested to fill in a confidential letter of reference/recommendation.

1. Name:Click or tap here to enter text.

Position/Title:Click or tap here to enter text.

Contact email and/or phone number:Click or tap here to enter text.

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Position/Title:Click or tap here to enter text.

Contact email and/or phone number:Click or tap here to enter text.

1. Name:Click or tap here to enter text.

Position/Title:Click or tap here to enter text.

Contact email and/or phone number:Click or tap here to enter text.

**Reflective Papers**

Please write these papers and attach them to the application

1. Share your reason for applying to Clinical Pastoral Education (CPE) and what you hope to learn
2. Write a short autobiography answering the following questions: How have I become who I am today and who has been significant in that journey? Include: formative persons, spiritual/religious formation, and values (please write no more than 1000 words)
3. Share an experience you have had where you provided spiritual support to someone (please no more than 500 words)

**Application Submission**

Please submit at $50 application fee made out to *HHSC Department of Spiritual Care*. This is a non-refundable cheque which, if you are accepted into the unit, will go towards the admission fee.

I confirm that, to the best of my knowledge, all the information in this application is correct. Please sign and date below:

X .

**Please Note**

Electronic copies of applications are preferred. You will receive a confirmation email once your application and fee have been received. Only selected applicant will be notified as to further details regarding the interview process.

Program fee is $1000.00 paid by credit card. $500 is to be paid on the first day of class and the remaining $500 paid by Nov 8th. Both payments of $500 are non refundable.

Once accepted into the program you will be required to:

* Purchase student membership in CASC (around $60)
* Purchase liability insurance through CASC (around $95)
* Purchase education unit fee through CASC (around $250)
* Receive a Vulnerable Sector police check
* Proof of Ontario WSIB (obtained through university or your present workplace)
* Provide proof of current immunizations as required for all hospital staff and students
* Adhere to the student placement policies of Hamilton Health Science e.g, health and safety training, mask fit test, etc.
* Provide your own transportation

Proof of membership, insurance, education unit fee paid, WSIB, vulnerable sector police check and any mandatory health and safety requirement will be required prior to the first day of the unit

\* All material submitted will be used for application purposes only and treated as confidential.

For more information about this education opportunity and to request application materials, contact: Claire Gosselin, gosselin@hhsc.ca