**CPE Application Form**

**Step 1: Provide the following information**

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| **Date this application was submitted**: Click here to enter text. | |
| **Surname:** Click here to enter text. | **Given name:**  Click here to enter text. |
| **Post Address:** Click here to enter text. | |
| **Email:** Click here to enter text. | |
| **Preferred Phone:** Click here to enter text. | **Alternate Phone (optional):** Click here to enter text. |
| **Spiritual, Philosophical or Religious identity:**  Click here to enter text. | |
| **Current position and employer if applicable:**  Click here to enter text. | |
| **Education and Professional Qualifications:**  Click here to enter text. | |
| **Prior CPE if applicable (Dates, Centre, Supervisor):**  Click here to enter text. | |
| **When do you hope to enrol in a CPE course?**  Click here to enter text. | |
| **How many hours or days per week will you be available for CPE activities?**  Click or tap here to enter text. | |
| **Who will pay your CPE fee?**  **I will pay**  **My institutional sponsor will pay.**  **Institution:**Click or tap here to enter text.  **Contact Person:**Click or tap here to enter text.  **Telephone:**Click or tap here to enter text.  **Email:**Click or tap here to enter text. | |

**Step 2: Address the following questions**

1. **An account of your life. Describe the impact significant relationships, events and work have had on the development of your personal and professional identity, as well as on the formation of your worldview, spirituality and core values. (1500-2000 Words)**

Click here to enter text.

1. **Your current CV or Resume.**

Click here to enter text.

1. **A description of your personal experience of a critical life event such as illness, disability, loss or trauma, and how that has influenced who you are today. (Approximately 500 words)**

Click here to enter text.

1. **A description of an incident in which you were called to help someone, your understanding of the request, how you attempted to help, and what you learned about yourself as a result. (Approximately 500 words)**

Click here to enter text.

1. **What would you like to learn about yourself and your work during a CPE experience? What learning goals might you set for yourself? How do you envisage applying your CPE experience after the conclusion of the course? (Approximately 500 words)**

Click here to enter text.

1. **If you have completed a previous unit of CPE at Royal Perth or elsewhere, describe the experience and how you have applied what you learned in your pastoral or professional role. (Approximately 500 words)**

Click here to enter text.

1. **A statement of endorsement and intent to pay fees from your sponsoring institution if applicable.**

Click here to enter text.

**Step 3: Provide name, telephone number and email address for two referees**

**We will contact one or both referees to explore their perceptions of your personal and spiritual maturity, your ability to learn and grow, your resilience in crisis, and your readiness to function in a professional manner.**

**Step 4: Submit your application**

**Once all of the above is complete, attach all documents in pdf format to a single email and send to** [**cpe@health.wa.gov.au**](mailto:cpe@health.wa.gov.au)**. Incomplete applications will not be accepted. You will receive an email confirming receipt of your application materials.**

**Step 5: You may be invited for an interview**

**Interviews are typically conducted by two people. You will be notified of the results of the interview within the timeframe discussed at your interview. We attempt to complete as many interviews as possible before selecting students. Therefore, it may be several weeks between your interview and receipt of our decision to accept, decline, or place you on a waitlist.**

**Step 6: Your responsibilities if accepted into the program**

**Upon acceptance of our offer to enrol you in a course, you will need to provide medical and legal information as required by the WA Department of Health. All required forms can be found on our website under the “Pre-enrolment Forms” tab. This can be a time-consuming process; failure to complete this prior to the start of the course may jeopardise your enrolment.**

**Step 7: Payment of fees**

**You will be invoiced by WA Health Support Services before or shortly after the course commences. Unless otherwise negotiated, full payment will be due prior to the start of the course. Fees are non-refundable except in the case of a medical or personal emergency. Please see the list of upcoming programs for current fee information.**

**For more information**

**Contact us at** [**cpe@health.wa.gov.au**](mailto:cpe@health.wa.gov.au) **or (08) 9224 2482**

*Updated February 2024*