**SOUTHERN TABLELANDS CPE CENTRE**

**A fully registered Centre with the NSW College of Clinical Pastoral Education Inc.**

**ABN 53 600 941 298**

**2025 FOUNDATIONAL UNIT APPLICATION FORM**

**CENTRE DIRECTOR: BARBARA HALL**

**CONTACT DETAILS:** [barbarahall1909@gmail.com](mailto:barbarahall1909@gmail.com)

**Mobile: 0418 413 731**

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| --- | --- | --- |
| **DATE:** | | |
| **NAME:** | | |
| **ADDRESS: POSTCODE:** | | |
| **EMAIL: PHONE:** | | |
| **RELIGION: AGE:** | | |
| **COURSE APPLIED FOR:** | Foundational Unit CPE 1 first CPE Unit  *please highlight your choice*  CPE 2 second CPE Unit | |
| **LOCATION:** | Carrington Care, Camden and online | |
| **Applying from interstate?** | Are you aware that CPE is offered in all Australian states? Have you applied in your own home state? | |
| **SUPERVISOR:** | Carmen Karauda | |
| **PREVIOUS CPE COURSES:** |  | **DATE COMPLETED** |
| **PASTORAL EXPERIENCE:** |  | |
| **REFEREE 1:** name & phone no |  | |
| **REFEREE 2:** name & phone no |  | |

One Referee needed for Introductory Course**.** **Two Referees needed for Foundational CPE Units**

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| **COURSE FEES:** | INTRODUCTORY COURSE (40 hour) | $ 475 |
|  | **FOUNDATIONAL UNIT CPE 1, CPE 2** | **$2,200** |
|  | SPECIALIST UNIT CPE 3 | $ 2,350 |
| **If another agency is paying your course fee, please indicate who our invoice needs to be made out to, including contact details.** | | |
| **STATEMENT OF REASON YOU WANT TO UNDERTAKE THIS UNIT** | | |
|  | | |
| **WHAT IS YOUR CURRENT UNDERSTANDING OF CPE?** | | |
| **AUTOBIOGRAPHICAL STATEMENT:**  Please use a separate sheet. **Write one to two pages** giving an account of your life, including important events, the people who have been significant to you and the impact these events and relationships have had on your emotional and spiritual development. | | |
| **CURRICULUM VITAE**  Please include a copy of your resume detailing chronologically your educational background and work history. | | |
| **If you have previously completed CPE 1, please include a copy of your End of Unit Evaluation and your Supervisor’s Report with your application material.** | | |

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| **SIGNED:** | **DATE:** |

**PLEASE EMAIL TO: ckarauda@gmail.com**

Or post to: Carmen Karauda

**Upon receipt of all your completed application documentation we will make contact and invite you to attend an interview.**