

CLINICAL PSYCHOSPIRITUAL EDUCATION (CPE) APPLICATION FORM Horizon Health Network

Date of application: _____

Application for the clinical unit beginning: _____

Name (including middle name): _____

Current Address: _____

Permanent Address: _____

Email: _____ Date of Birth: _____

Telephone Number(s): Home _____ Work _____ Cell _____

Marital Status: Single Married Other
Gender: Male Female Other
First Language: English French Other (*please name*)

Spiritual or Religious Tradition/Community: _____

Status in Spiritual/Faith Community: _____

Please indicate if you are taking the course for Academic Credit: No Yes (*If yes, name school below*)

If you are not making payment for the course, please specify below the name and contact information of the other source (faith group/school/employer, etc.).

Name of payment source: _____ Contact person: _____

Street Address: _____

Phone Number: _____ Email: _____

Educational Background

Completed university degree (or degrees)

University: _____ Degree: _____ Date: _____

University: _____ Degree: _____ Date: _____

Currently completing work for a university degree

University: _____

Anticipated Degree: _____ Anticipated Graduation Date: _____

University: _____

Anticipated Degree: _____ Anticipated Graduation Date: _____

Completed or completing some university credits (but not a degree)

University: _____ Number of Credits: _____ Date of Last Credit: _____

Have you ever participated in all or part of a CPE Unit? Yes No

If yes, please list all CPE Units:

Education Centre: _____ Supervisor: _____ Date: _____

Education Centre: _____ Supervisor: _____ Date: _____

Have you ever participated in a CPE Unit that you did not complete? Yes No

If yes, please explain:

Please list your three references:

ACADEMIC

Name: _____

Email Address: _____

FAITH COMMUNITY

Name: _____

Email Address: _____

OTHER

Name: _____

Email Address: _____

I have attached a brief resumé to this application.

I have attached relevant CPE Evaluation(s). Not applicable

I have attached an essay about my life following the instructions on pg. 8 of the document titled:
Horizon CPE - Information About the Program.

Signature: _____ **Date:** _____

** To E-Sign please click 'E-Sign' tab on top left corner, choose 'Fill and Sign Yourself', then 'Sign Yourself' on top-middle of page, and draw your signature there. Otherwise, please print, sign, and email back.*

**** Misleading or inaccurate information provided in this application will be cause for rejection of the application or immediate dismissal from the unit if the student has been admitted.***