

7. EDUCATION:

College or University:

Name and Location	Dates Attended		Degree Completed
	From	To	

Major Subject: _____

Theological and/or Post-Graduate Studies:

Name and Location	Dates Attended		Degree Completed
	From	To	

Supervised Pastoral Education: List in chronological order your four (4) most recent units of S.P.E. (either P.C.E. or C.P.E.)

Centre	Level	Dates Attended		Supervisor
	Basic /Advanced	From	To	

Faith Group or Religious Training:

Name and Location	Dates Attended		Courses Completed
	From	To	

8. OTHER RELATED EXPERIENCES THAT QUALIFY YOU:

(Please describe – use additional pages, if required):

9. EMPLOYMENT HISTORY:

A. Type of Work: _____
Dates of Employment: From _____ to _____
Key Responsibilities: _____

B. Type of Work: _____
Dates of Employment: From _____ to _____
Key Responsibilities: _____

C. Type of Work: _____
Dates of Employment: From _____ to _____
Key Responsibilities: _____

D. Type of Work: _____
Dates of Employment: From _____ to _____
Key Responsibilities: _____

10. CERTIFICATE OF ENDORSEMENT

Please send the attached **Certificate of Endorsement** to the faith group authority which you have indicated in #6. Ask your faith group authority to complete the form and return it to:

Ontario Multifaith Council
Suite 208, 789 Don Mills Rd.
Toronto, ON M3C 1T5
Phone: 416-422-1490
Fax: 416-422-4359

11. Have you ever been screened by the OMC? _____
If so, when? _____

12. Authorization

Pursuant to Section 39(1) of the Freedom of Information and Protection of Privacy Act, I (print name in full) _____
authorize the Ontario Multifaith Council and its staff, to contact the person or organizations listed below for the purposes of obtaining reference information.

13. REFERENCES:

A. Spiritual Advisor or other person who will attest to spiritual/religious maturity:

_____	_____
(Name)	(Position/Title)

(Name of Organization)	

(Address)	(postal code)

(Phone)	(e-mail)

B. S.P.E. Supervisor or other person who will attest to clinical abilities:

_____	_____
(Name)	(Position/Title)

(Name of Organization)	

(Address)	(postal code)

(Phone)	(e-mail)

C. A previous employer:

_____	_____
(Name)	(Position/Title)

(Name of Organization)	

(Address)	(postal code)

(Phone)	(e-mail)

D. The person to whom you have sent the certificate of faith group endorsement:

_____	_____
(Name)	(Position/Title)

(Name of Organization)	

(Address)	(postal code)

(Phone)	(e-mail)

2. FAITH HISTORY

Please briefly answer the following questions on additional pieces of paper.

- A. Give a brief background of your religious affiliation and personal faith development.

- B. Describe a personal understanding of a belief that comes directly from your faith tradition and how that belief has changed for you over time.

- C. Describe some of the cultural practices of your faith group or community and their significance and meaning for you.

- B. How do you deal with your Faith Group's stance concerning other Faith Groups, when it is in conflict with your personal beliefs?

I hereby declare that to my knowledge the foregoing information is true and complete.

(Date)

(Signature of Applicant)

Completed application form, with supporting documents and a processing fee of \$50.00, payable to the Ontario Multifaith Council, should be sent to:

Ontario Multifaith Council
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Toronto, ON M3C 1T5
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Fax: 416-422-4359