

**Diocese Anglikan Malaysia Barat**

**Permohonan Untuk Pendidikan Pastoral Klinikal**

**MAKLUMAT PERIBADI**

Nama (Rev / Encik / Puan / Cik):                              Tarikh Lahir: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jantina: Lelaki / Perempuan (Bulatkan Satu) NoWarganegara: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alamat Rumah: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alamat Kerja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefon (H):                         (O):                                  No Telefon Bimbit: \_\_\_\_\_\_\_\_

Alamat E-mel:                Status Perkahwinan:             Bilangan Anak: \_\_\_\_\_\_\_\_\_\_\_

Gereja Keahlian / Gabungan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denominasi:               Adakah anda tetapkan?              . Jika "ya", sila berikan tarikh:

Jawatan Profesional Semasa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PENGALAMAN KEMENTERIAN KRISTIAN:**

**PENDIDIKAN KLINIKAL PASTORAL TERDAHULU (jika ada)**

Nama & Lokasi Pusat: \_\_\_\_\_\_Tarikh Latihan:                    Nama Penyelia: \_\_\_\_\_\_\_\_

**LATARBELAKANG PENDIDIKAN**

Kolej:                                                 Ijazah:                     Tarikh: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seminari:                                              Ijazah:                     Tarikh: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pengajian Siswazah:                             Ijazah:                      Tarikh: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEJARAH PEKERJAAN**

Nama Syarikat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jawatan:                                                    Tempoh Pekerjaan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nama Syarikat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jawatan:                                                    Tempoh Pekerjaan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nama Syarikat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jawatan:                                                    Tempoh Pekerjaan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RUJUKAN**

Nama:                                                 Hubungan:                                  Tel: \_\_\_\_\_\_\_\_

Nama:                                                 Hubungan:                                  Tel: \_\_\_\_\_\_\_\_

Nama:                                                 Hubungan:                                  Tel: \_\_\_\_\_\_\_\_

**Sila kemukakan bersama permohonan ini, perkara-perkara berikut:**

1. Satu akaun munasabah penuh hidup anda, termasuk peristiwa-peristiwa penting dan hubungan dengan orang-orang yang telah penting kepada anda, dan kesan peristiwa-peristiwa dan hubungan tersebut kepada pembangunan anda.

2. Huraikan keluarga asal anda, hubungan kekeluargaan semasa anda, dan dinamik pendidikan pertumbuhan anda.

3. Perihal kehidupan agama anda, termasuk acara dan hubungan yang mempengaruhi iman anda dan kini memaklumkan sistem kepercayaan anda.

4. Satu foto saiz passport terkini.

                                                                                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

    Tandatangan Pemohon                                                                       Tarikh

***Sila mail kepada:*** **Penyelaras, Program CPE**

**Diocese Anglikan Malaysia Barat**

**No. 214, Jalan Pahang, 53000**

**Kuala Lumpur, Malaysia.**

**Tel: 03-40243213/40253213 Faks: 03-40323225**

**E-mel:** **malaysiacpe@gmail. com**

**Laman web: www.malaysiacpe.com**

Sila alamatkan semua bayaran kepada **'Diocese Malaysia Barat'**

menunjukkan 'Program MICPE' di belakang cek