

# PASTORAL SUPERVISION APPLICATION BY SUPERVISOR – CONFIDENTIAL



TO COMPLETE THIS FORM,  
FILL IN EACH FIELD AND SAVE AS PDF  
OR PRINT AND USE A **BLACK PEN**

## A. PERSONAL

### 1. Contact Information

If insufficient space for your answer, please include separate sheet

Surname \_\_\_\_\_ Christian Name \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## B. PROFESSIONAL INFORMATION

### 1. **Qualifications.** Please list all your qualifications which might be relevant to Pastoral Supervision (eg Professional Supervision qualifications, Ministry or Theological qualifications, Counselling or other Care related qualifications). If you need more room, please attached a separate piece of paper or a full CV.

Qualification	Institution	Year Obtained

### 2. **Work History.** Please list all major roles you have held that demonstrate evidence of experience in Pastoral/Church Ministry and Supervisory practice. If you need more room, please attached a separate piece of paper or a full CV.

Role	Organisation	Years

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### 3. Supervision Experience

How many years have you been practicing as a supervisor \_\_\_\_\_

Approximately how many hours of supervision have you provided over this time \_\_\_\_\_

Do you identify in your Supervisory Practice primarily as (please tick one)

- A Pastoral Supervisor
- A Clinical Supervisor
- Both a Pastoral and Clinical Supervisor

### 4. Membership of Professional Pastoral Supervision Bodies

Please tick which Accrediting bodies you hold membership/recognition with as a Professional Supervisor.

- Australasian Association of Supervisors (AAOS)
- Christian Counsellors Association of Australia (CCAA)
- Australian Counselling Association (ACA)
- Psychotherapy and Counselling Federation of Australia (PACFA)
- Chaplaincy Australia
- Other (please specify) \_\_\_\_\_

### 5. Professional Indemnity Insurance

- I hold current Professional Indemnity Insurance

**Please note: a copy of your current Insurance certificate must be submitted as part of this application.**

### 6. Personal Professional Supervision

- I am currently being professionally supervised

Please provide the name of your current professional supervisor \_\_\_\_\_

### 7. Professional Specialities. Please tick all that apply

- Trauma (PTSD),
- High level conflict,
- Grief,
- Domestic & Family Violence,
- Gender Dysphoria,
- Developmental Trauma (complex PTSD),
- Other (please specify) \_\_\_\_\_

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## C. MINISTRY & FAITH INFORMATION

1. **Church Attendance.** Please tick which best describes you

- A Participating member at a Church.
- A Regular Attendee at a Church
- An Infrequent Attendee at a Church
- I don't attend a Church.

If you attend a church, please provide the name of your church \_\_\_\_\_

2. **Ministry History.** Please tick all church ministry roles that you have held in the past

- Pastor or Minister in a Baptist church
- Pastor or Minister in other denomination
- Church Leader in a Baptist Church (Elder, Deacon, Board member)
- Church Leader in other denomination (Elder, Deacon, Board Member)
- Leader in a Not-for-Profit organisation (non-church)
- Participating Member of Baptist Church
- Participating Member in non-Baptist Church
- Support Person for Pastors (e.g. counsellor, supervisor, mentor, coach, etc)
- Pastoral Carer in church setting
- Counsellor / Psychologist / Psychiatrist

3. **Faith Journey and Expression.** Can you briefly describe your journey to faith and what your relationship with Jesus Christ looks like today?

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4. **Pastoral & Church Leadership Experience.** Briefly describe any experience you have had in Pastoral Ministry, as a Church Leader or supporting Pastors or Church Leaders in Baptist or other churches.

## E. STATEMENT OF UNDERTAKING & ACKNOWLEDGEMENTS

I understand that this application is to begin the process of being approved to pastorally supervise Queensland Baptist Pastors.

### Pastoral Services Privacy Disclosure

Your privacy is important to QB and is handled according to the Australian Privacy Principles as detailed in our QB Privacy Policy. You may find our Privacy Policy at our website [www.gb.org.au](http://www.gb.org.au). How we collect, hold, use and disclose information about you is important to us. The purpose of collection, holding, use and disclosure of the information on this form is to fulfil the ministry and administrative functions of QB Pastoral Services which include but are not limited to managing pastoral registration processes and supporting the health and wellbeing of QB Ministers and churches. If you do not provide your information, we may not be able to provide these services. We may share the information collected with other QB personnel, members or delegates of the Ministerial Services Committee involved in assessing and managing your application and ongoing pastoral support. Full details about how we store and use your information as part of your QB Pastoral Registration can be found in our Registration Privacy Statement. If you believe a correction is required, you are welcome to contact us via [registration@gb.org.au](mailto:registration@gb.org.au). You may also contact the QB Privacy Officer via email [privacyofficer@gb.org.au](mailto:privacyofficer@gb.org.au) should you have any privacy-related concerns or to request a copy of our Privacy Policy. By signing this, you consent to us using and disclosing your personal information and contacting you as described above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_