

**INSTITUTE OF FORMATION FONDACIO ASIA**  
**GENERAL SCHOOL CALENDAR**

SPECIALIZATION PROGRAMS

SCHOOL YEAR 2017-2018

1. Certificate in Development Leadership, Specializing in:
  - Community Development and Social Entrepreneurship  
OR
  - Migration, Refugees and Human Trafficking
 OR
2. Certificate in Pastoral Leadership, Specializing in:
  - Joy of the Gospel and New Evangelization  
OR
  - Youth Ministry and Family Life

Deadline for submission of application requirements	<b>15 October 2017</b>
Common Courses (Pre-requisite)	<b>20 November 2017 – 11 January 2018</b>
Specialization Courses	<b>15 January – 28 February 2018</b>

## ADMISSION GUIDELINES

### I. ADMISSION CRITERIA

Age	23 – 40
Education attainment	Bachelor degree OR High School graduate with minimum of 5 years working experience
English level	Proficient in spoken and written English
Ministry work	Has community work or ministry experience
Sending organization	On a case-to-case basis
Health	Has the necessary physical and mental health to follow the demands of the program
Participation	Full participation in training courses

### II. FORMATION COST

<b>COURSE FEES</b> (Subsidized) Includes Tuition fees, Board and Lodging	<b>US\$ 3,000</b>
<b>VISA &amp; POCKET MONEY</b> Visa Cost Pocket money (for 3 months)	<b>US\$ 300</b> 200 100
<b>TOTAL</b> For Philippine nationals (exclude visa cost) For applicants of other nationalities	<b>US\$ 3,100</b> <b>US\$ 3,300</b>
<b>OTHER COSTS</b> <i>There are additional costs not included above, such as:</i> <ul style="list-style-type: none"> <li>• Course textbooks prescribed for specific subjects (approximate amount): US\$ 100</li> <li>• External Counselling, if necessary (approximate amount): US\$ 200</li> </ul>	

### III. APPLICATION REQUIREMENTS

Applicants are advised to email the COMPLETED APPLICATION FORM to [iffasia@gmail.com](mailto:iffasia@gmail.com), together with the following requirements:

1. **Letter of Motivation**
2. **Academic Documents**
  - a. High School certificate and its English translation, with the Transcript of Records and its English translation
  - b. Bachelor's degree certificate and its English translation, with the Transcript of Records and its English translation, if applicable
  - c. Certificate from the British Council or an internationally accredited English language school attesting to the applicant's knowledge of English
  - d. **Photocopy of the ID page of passport** - Passport pages showing the following details - Picture, Name, Passport number, and Passport validity
3. **Recommendation** from the sending organisation OR the reference person, sent directly to the Institute. *(Use the enclosed Recommendation Form)*
4. **Personal Medical Record**
5. **Recent passport-sized photo**

Upon receiving the completed application requirements, we will schedule an on-line interview within a week.

**Note:** *Applications with incomplete documents will not be considered.*

### IV. GUIDELINE TO WRITING THE LETTER OF MOTIVATION

Please attach a letter, maximum one page, which contains the following information:

- Who are you? Include a brief description of your personality and background.
- What is your reason for applying? What is your motivation for participating in this program?
  - What are some aspects of this program which correspond to what you are looking for yourself? And for your local community?
- What are your plans after you finish the formation and studies?
- What do you expect from your selected specialization program, and why it interests you? Explain your choice by linking to your Development Action Plan.

**APPLICATION FORM**

**I. CHOICE**

Select **only one (1)** of the Specialization program below:

- Certificate in Development Leadership**, Specializing in Community Development and Social Entrepreneurship
- Certificate in Development Leadership**, Specializing in Migration, Refugees and Human Trafficking
- Certificate in Pastoral Leadership**, Specializing in Youth Ministry and Family Life
- Certificate in Pastoral Leadership**, Specializing in Joy of the Gospel and New Evangelization

**II. COMMITMENT FOR FORMATION COST**

The cost can be jointly contributed by the sending organization and student (to be indicated below).

Sending Organization’s contribution to the Formation cost	US\$ _____
Student’s contribution to the Formation cost	US\$ _____
<b>Total</b>	<b>US\$ _____</b>

**III. PERSONAL PARTICULARS** (Please state your answers clearly)

**Name:** \_\_\_\_\_  
                     *First Name*                                      *Middle Name (If any)*                                      *Family Name*

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** ( ) Male ( ) Female  
                     *(dd/mm/yy)*

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

**Passport No.:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Status:** ( ) Single ( ) Married (if married, number of children \_\_\_\_)  
 ( ) Priest ( ) Religious (Brother/Sister)

**Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Skype Add:** \_\_\_\_\_

**IV. EDUCATIONAL BACKGROUND/TRAINING**

Education Level	Duration (From - To)	Name of School or University	Title of Qualification
Primary			
Secondary			
College/ University			

## V. PROFESSIONAL/MINISTRY EXPERIENCE

A. List at least two significant work/professional experiences

Dates (incl. length of employment)	Name of Organization	Roles and Responsibilities

B. Involvement in Church ministries or other community/social services.

Dates (length of involvement)	Organization / Parish/ Diocese/	Give some details of your involvement

C. Significant learnings from these experiences (A & B):

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***I am aware of the requirements to join IFFAsia. I am applying to be accepted as a participant for the chosen course above***

Kindly indicate:

- With Sending Organisation
- Without Sending Organisation and commit to look for an implementing partner for the Post-formation Development Action Plan

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PERSONAL MEDICAL RECORD

1. Mark (x) in the applicable circle if you now have, or have had, any of these medical problems:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Ear/Nose/Throat Disease | <input type="checkbox"/> High (Erratic) Blood Pressure | <input type="checkbox"/> Epilepsy / Convulsion   |
| <input type="checkbox"/> Eye Disease             | <input type="checkbox"/> Any Disorder of the Blood     | <input type="checkbox"/> Dizzy / Fainting Spells |
| <input type="checkbox"/> Thyroid Problem         | <input type="checkbox"/> Hyperacidity                  | <input type="checkbox"/> Hemorrhoids             |
| <input type="checkbox"/> Bronchial Asthma        | <input type="checkbox"/> Peptic Ulcer                  | <input type="checkbox"/> Leprosy                 |
| <input type="checkbox"/> Tuberculosis            | <input type="checkbox"/> Liver Disease                 | <input type="checkbox"/> Other Skin Disease      |
| <input type="checkbox"/> Pneumonia               | <input type="checkbox"/> Kidney / Urinary Disease      | <input type="checkbox"/> Any Form of Cancer      |
| <input type="checkbox"/> Bronchitis              | <input type="checkbox"/> Arthritis / Joint Disease     | <input type="checkbox"/> Hernia                  |
| <input type="checkbox"/> Heart Disease           | <input type="checkbox"/> Malaria                       | <input type="checkbox"/> Disease / Infection     |
|  | <input type="checkbox"/> Diabetes                      | of Reproductive tract                            |

Others (Specify): .....

2. Do you currently have allergies to:

- |                                   |                      |                                  |
|-----------------------------------|----------------------|----------------------------------|
| Medicines / drugs: (pls. specify) | food: (pls. specify) | other substances: (pls. specify) |
| a) _____                          | a) _____             | a) _____                         |
| b) _____                          | b) _____             | b) _____                         |

3. Please describe:

- |                             |       |                      |       |
|-----------------------------|-------|----------------------|-------|
| Serious sickness or injury? | Year  | Surgical Operations? | Year  |
| a) _____                    | _____ | a) _____             | _____ |
| b) _____                    | _____ | b) _____             | _____ |

4. Blood Type: (A/B/O/AB, + or -) \_\_\_\_\_ 5. Latest Blood Pressure: \_\_\_\_\_

6. Pulse Rate: \_\_\_\_\_

7. Prescription (maintenance) medications currently being taken:

- |                     |  |
|---------------------|--|
| Name of medication: | Indications: (For what is the medicine taken?) |
| a) _____            | a) _____                                       |
| b) _____            | b) _____                                       |

8. What vaccines, if any, have you received in the last two years? Give name of vaccine and date.

- |                           |             |                           |             |                           |             |
|---------------------------|-------------|---------------------------|-------------|---------------------------|-------------|
| a) Name of vaccine: _____ | Date: _____ | b) Name of vaccine: _____ | Date: _____ | c) Name of vaccine: _____ | Date: _____ |
|---------------------------|-------------|---------------------------|-------------|---------------------------|-------------|

9. Do you smoke?  Yes  No If yes, how many sticks a day? \_\_\_\_\_

10. Do you drink alcoholic beverages?  Yes  No If yes, indicate the frequency: \_\_\_\_\_

11. Do you have diet restrictions?  Yes  No If yes, please explain:

12. For any other additional pertinent health information, please write below.

*I hereby certify that, to the best of my knowledge, I am physically / medically fit to participate in the program and, that the costs of any medical / health needs that may arise during my stay at the Institute will be covered either by myself personally, or by my Health Insurance.*

\_\_\_\_\_  
Signature of Applicant