

ADMISSION GUIDELINES

The following are the guidelines for applicants interested to apply for the **IFFAsia Leadership For Mission Program**.

I. ADMISSION CRITERIA

- a) Aged 23 to 40
- b) EITHER
Holder of a Bachelor's degree OR
High School graduate with at least 3 years of working experience.
- c) Has an intermediate level of English, certified by British Council or an accredited international English Language school
- d) EITHER
Has a sending organization e.g. an association, NGO, local community, parish, diocese, Caritas, etc. that can support the applicant in his/her 2-year post-formation project implementation (*tri-partite agreement*).
OR
An independent student with commitment to look for an implementing partner for the post formation Development Action Plan (DAP)
- e) Preferably has community work or ministry experience
- f) Commits to fulfil the required two (2)-year internship, part-time or full-time, after their formation.
- g) Has the necessary physical and mental health to follow the demands of the program.
- h) Willing to participate fully in all activities and projects proposed during the formation period.

Note: *Exceptions to the above criteria may be considered on a case-to-case basis. The Institute reserves the right to refuse any student who does not meet these criteria, even during the course of the year. If anybody due to time constraint wishes to enrol for one semester only, please write in for consideration.*

II. APPLICATION REQUIREMENTS

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

1. **Letter of Motivation** (*Refer to Section IV on page 3*)
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.*

III. GENERAL SCHOOL CALENDAR 2018 – 2019

Deadline for submission of application requirements: <ul style="list-style-type: none"> • For applicants needing the 3-month English course • For applicants with a minimum Intermediate level in English 	15 March 2018 30 April 2018
English proficiency course	April – June 2018
First Semester (Core courses)	July – October 2018
Second Semester (Specialisation tracks)	November 2018 – March 2019
Internship/OJT after the formation can be arranged	Period as arranged

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 specialisation track, and why it interests you? Explain your choice by linking to your Development Action Plan

APPLICATION FORM – School Year 2018/ 2019

LEADERSHIP FOR MISSION PROGRAM

First Semester: Pre-requisite Core Courses

- Human Formation and Mission Orientation

Second Semester: Specialisation Tracks

Select one (1) of the Specialisation tracks below:

Certificate in Development Leadership specialising in

- Migration, Refugees and Human Trafficking
- Community Development and Social Entrepreneurship

Certificate in Pastoral Leadership specialising in

- The Joy of the Gospel and New Evangelisation
- Youth Ministry and Family Life

Low English proficiency:

- Enrol for 3 month English Proficiency course

I. PERSONAL PARTICULARS (Please print 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:** _____

II. EDUCATIONAL BACKGROUND/TRAINING

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

III. 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):

I am aware of the requirements to join IFFAsia. I am applying to be accepted as a student for the school year 2018-2019.

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:*** _____

FORMATION COST – SCHOOL YEAR 2018–2019

COURSE FEES (Subsidized) Includes Tuition fees, Board and Lodging 1 st Semester 2 nd Semester	US\$ 5,500 2,500 3,000
VISA & POCKET MONEY Visa Cost Pocket money (for 9 months)	800 500 300
TOTAL For Philippine nationals (exclude visa cost) For applicants of other nationalities	US\$ 5,800 US\$ 6,300
OTHER COSTS <i>There are additional costs not included above, such as:</i> <ul style="list-style-type: none"> Mission Project costs, which requires all students & staff to work as a group for fundraising/sponsorship English Classes April–June, for those with low English proficiency: US\$ 2,500 Course textbooks prescribed for specific subjects (approximate amount): US\$ 100 External Counselling, if necessary (approximate amount): US\$ 200 	

COMMITMENT ON THE PAYMENT OF 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\$ _____
Total	US\$ _____

Signature of Student

Name:

Date:

Signature of Organization Representative

Name:

Date:

SCHOLARSHIPS

Every year we fund raise to enable a maximum number of persons to have access and benefit from the program, and on the principle that money should not be an obstacle for personal development. Hence the subsidised program costs. Thus, we encourage all applicants to take some initiatives to raise the required fees as commitment to your academic studies and transformation.

Scholarship requests are to be submitted to the Director's office by 30th April 2018. Scholarships are always limited and will be granted to applicants with the greater need, and on a case-to-case basis. Scholarship Application Form attached.

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