

ADMISSION GUIDELINES

The following are the guidelines for applicants interested to apply for the **IFFAsia Programs**.

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 participant 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 participant 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 III*)
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. 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 _____

- Human Formation and Mission Orientation Program**
- Specialization Program: Social – Pastoral Skills**

Kindly select only **one (1)** of the Specialization Programs below:

- Certificate in Development Leadership
- Certificate in Pastoral Leadership

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 participant for the school year 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 2019

COURSE FEES (Subsidized) Includes Tuition fees, Board and Lodging Human Formation and Mission Orientation Program Specialization Program	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 participants & staff to work as a group for fundraising/sponsorship English Classes October – December, 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 	

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

Sending Organization's contribution to the Formation cost	US\$ _____
Participant's contribution to the Formation cost	US\$ _____
Total	US\$ _____

Signature of Participant

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 August 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.

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

RECOMMENDATION FORM

This form should be filled up by direct supervisor and endorsed by person in authority representing the Sending Organisation such as head of organisation, parish priest or bishop and sent directly to:

**The Director
Institute of Formation Fondacio Asia (IFFAsia)
Radio Veritas Asia Compound
Buick Street, Fairview Park, 1118 Quezon City, Philippines
Tel: +63 2 9390011 (ext. 1064) Telefax: +63 2 9679434
E-mail: iffasia@gmail.com**

FULL NAME OF APPLICANT:

I. INVOLVEMENT IN WORK OR MINISTRY

A. Nature of applicant’s present work or involvement:

B. Potentials and strong points of the applicant to be an effective development or pastoral worker

C. Areas in need of further growth (please specify what knowledge, attitude or skills):

D. Rate the applicant's level of confidence in taking on leadership roles

Rating Scale:

1 = Poor 2 = Average 3 = Good 4 = Excellent

E. Any other comments or points of attention:

II. PERSONAL DISPOSITION

Please give your assessment of the applicant's capacity in some key areas. Kindly note down any points of concern that can help us be attentive and accompany the individual towards their well-being. This information will be held in strict confidence.

A. PHYSICAL HEALTH:

B. INTELLECTUAL ABILITY:

C. AFFECTIVE or EMOTIONAL HEALTH:

D. SOCIAL ADJUSTMENT CAPACITY:

E. POINTS OF CONCERN:

III. What will be the FUTURE WORK of this applicant? What position will this applicant hold in your organisation or project?

IV. What are your HOPES in sending or endorsing this applicant for formation at IFFAsia?

I hereby certify that the information given above is true and fair to my knowledge.

Supervisor's Name: _____ **Signature:** _____

Endorser's Name: _____ **Signature:** _____

Position: _____ **Date:** _____

Organization / Diocese: _____

Country: _____

Email: _____ **Phone:** _____