INSTITUTE OF FORMATION FONDACIO ASIA

ADMISSION GUIDELINES

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

I. ADMISSION CRITERIA

a) Aged 23 to 39

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

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.*

II. APPLICATION REQUIREMENTS

Applicants are advised to email the COMPLETED APPLICATION FORM to **iffasia@fondacio-asia.org**, 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**

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

APPLICATION FORM

English Proficiency: *(Please indicate below)*

- ☐ Beginner
- ☐ Intermediate
- ☐ Fluent

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:**_____**Facebook:** _____

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):

_____

_____

_____

_____

_____

Kindly indicate:

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

I am aware of the requirements to join IFFAsia. I am applying to be accepted as a participant for the school year _____.

Signature of Applicant:_____Date: _____

Kindly select your application for:

IFFAsia Program

Integral Leadership and Community Development (DIL) Program

- *Missionary Disciples for a Changing World!*

- ☐ **Self-Leadership Development (SLDP) – An Online Program from July – November via Zoom**
- ☐ **Integral Leadership and Community Development (DIL) – An On-site Program from January – November in IFFAsia, Philippines**

NOTE: *Experience has shown that students who joined the face-to-face formation after the online program last school year, are better disposed and motivated for their learning and development.*

At the end of the Year 2, the participant will present a 2–year Development Action Plan proposal for his or her 2–year post–formation internship in their respective countries.

Integral Leadership and Community Development (ILCD) Program

Adopts a holistic approach in the process of leading and empowering young people to take on the challenge for a sustainable change and progress in the local communities.

SELF-LEADERSHIP DEVELOPMENT	Ignites the enthusiasm for learning and becoming conscious to one's capacity to unleash passion and potentials within oneself.
HUMAN DEVELOPMENT & LEADERSHIP	Instills capacities and competencies in the participants to become initiators and leaders by harnessing their spirituality and potentials for the common good.
SOCIAL-PASTORAL LEADERSHIP DEVELOPMENT	Deepens social consciousness, the skillsets and knowledge acquired, give participants a push to seek ways to improve the well-being of every people.
POST-PROGRAM INTERNSHIP – ON THE GROUND: 2 YEARS	After the ILCD program at IFFAsia, participants commit to a 2-year internship in projects either part-time or full-time, and are accompanied in their journey.

1 | SELF-LEADERSHIP DEVELOPMENT (ONLINE: JUL – NOV)

Courses
- Critical Thinking
- Multiple Intelligences
- Being Whole, Being Me
- CST on Rights & Responsibilities

2 | HUMAN DEVELOPMENT & LEADERSHIP (RESIDENTIAL: JAN – MAY)

Courses
- Psychosocial Approach on Human Development
- Faith Formation
- Social Analysis Tools for Community Development
- New Ecclesiology in Pastoral Ministry

3 | SOCIAL-PASTORAL LEADERSHIP DEVELOPMENT (RESIDENTIAL: JUN – NOV)

Courses
- Leadership and Development
- Contemporary Social Issues & Development Theories
- Catholic Social Teachings
- Pastoral Ministry & Social Development

4 | POST-PROGRAM INTERNSHIP (ON THE GROUND: 2 YEARS)

- IFFAsia & the Sending Organization commit to accompany participants to implement the 'Development Action Plan'

PERSONAL MEDICAL RECORD

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

O Ear/Nose/Throat Disease	O High (Erratic) Blood Pressure	O Epilepsy / Convulsion
O Eye Disease	O Any Disorder of the Blood	O Dizzy / Fainting Spells
O Thyroid Problem	O Hyperacidity	O Hemorrhoids
O Bronchial Asthma	O Peptic Ulcer	O Leprosy
O Tuberculosis	O Liver Disease	O Other Skin Disease
O Pneumonia	O Kidney / Urinary Disease	O Any Form of Cancer
O Bronchitis	O Arthritis / Joint Disease	O Hernia
O Heart Disease	O Malaria	O Disease / Infection
	O 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? O Yes O No If yes, how many sticks a day? _____

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

11. Do you have diet restrictions? O Yes O 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

CONFIDENTIAL

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 89679434
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:*** _____