



East Asian Pastoral Institute

Ateneo de Manila University, Loyola Heights, Quezon City



Mailing Address: P.O. Box 221, UP Campus, Quezon City 1101 Philippines.
Tel.: (63 2) 426 5901; Fax: (63 2) 426 6143; Website: <http://www.eapi.org.ph>
E-Mail: secretariat@eapi.org.ph

APPLICATION FORM

EAPI Programs are open to those above **30 years** of age and have a **minimum of 3 years of pastoral experience**.

1. TITLE OF COURSE/PROGRAM: *(Please write the appropriate programs on the box.)*

First Course Program/Seminar:

Second Course Program/Seminar:

Masteral Arts Program/Others:

2. PERSONAL DETAILS

Name as in Passport / Id:

	Surname / Family Name	First Name	Middle Name	(Any Other)
Mailing Address:	_____			

Date of Birth:	_____			
	Month / Day / Year			
Country of Origin:	_____			
Civil Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married		
If Priest, Diocese / Congregation:	_____			
If Religious, Congregation:	_____			
If Lay Minister, Secular Institute:	_____			
If Married, No of Children:	_____			
Highest Academic Achievement:				
	<input type="checkbox"/> Ph.D.	<input type="checkbox"/> M.A.	<input type="checkbox"/> B.A./B.S.	Field of Discipline: _____

Gender: Male Female

Tel. / Fax: _____

E-Mail: _____

Age: _____

Citizenship: _____

Priest Religious (Sister/ Brother)

Year of Ordination: _____

Year of Final Vows: _____

Year of Membership: _____

Year of Marriage: _____

Year of Graduation: _____

3. MINISTRY

Check the appropriate description of **YOUR PRIMARY MINISTRY AT PRESENT**. If none of the above, fill in OTHERS. Avoid checking more than one primary work

Check the appropriate description of **YOUR PRIMARY MINISTRY AT PRESENT**. If none of the above, fill in OTHERS. Avoid checking more than one primary work.

WORK	INSTITUTION/ SETTING	POSITION
<input type="checkbox"/> Pastoral Services	<input type="checkbox"/> Diocese <input type="checkbox"/> Parish <input type="checkbox"/> Pastoral Centre	<input type="checkbox"/> Parish Priest / Assistant <input type="checkbox"/> Pastoral Team <input type="checkbox"/> Family Life Apostolate <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Others: _____
<input type="checkbox"/> Religious Formation	<input type="checkbox"/> House of Formation <input type="checkbox"/> Retreat House	<input type="checkbox"/> Superior / Animator <input type="checkbox"/> Religious Leadership Team <input type="checkbox"/> Spiritual Director <input type="checkbox"/> Retreat – giver
<input type="checkbox"/> Catechetics	<input type="checkbox"/> Catechetical Center <input type="checkbox"/> School <input type="checkbox"/> Parish	<input type="checkbox"/> Catechist <input type="checkbox"/> Trainer of Catechist
<input type="checkbox"/> Social Justice Ministry	<input type="checkbox"/> Diocese <input type="checkbox"/> Parish <input type="checkbox"/> Social Center	<input type="checkbox"/> Trainer <input type="checkbox"/> Community Organizer
<input type="checkbox"/> Education	<input type="checkbox"/> Primary/Secondary School <input type="checkbox"/> College/University	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher
<input type="checkbox"/> Health / Social Services	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Orphanage	<input type="checkbox"/> Chaplain / Spiritual Formator <input type="checkbox"/> Administrator <input type="checkbox"/> Medical Staff <input type="checkbox"/> Social Worker

Any Other: _____

Special Interests / Skills: _____

Are you currently under the care of a physician or psychotherapist or counsellor? If yes, please explain briefly. _____

Are you taking any medications? If yes, please list which medication and what they treat.

How did you find out about EAPI? _____

Who took the initiative in your case: My Self Superior Bishop Supervisor

Who is responsible for your fees? _____

In the attached sheet, please give your reasons for applying for the above courses/programs and what are your expectations (about 250 words).

Signature of Applicant: _____

Date: _____

Please check the following if the following are completed before sending:

- Attached Photo
- Checked the appropriate programs
- Filled out all the personal details
- Completed writing the reasons for applying
- Signed at the end of the form
- Sent the reference form to your sponsor/Bishop/head of institution/superior

REFERENCE FORM

To be filled in by the Bishop, Superior or Head of Institution and sent directly to the Director

East Asian Pastoral Institute,
P.O. Box 221, U.P. Campus,
Quezon City 1101,
Philippines.

Tel./Fax: (63 2) 426-5978
E-mail: director@eapi.org.ph
Website: <http://www.eapi.org.ph>

NAME OF APPLICANT: _____

**Assessment of the applicant regarding COMPETENCY IN ENGLISH
(Speaking, Listening, Reading, and Writing):**

Assessment of the applicant in terms of PASTORAL MINISTRY:

Number of years of applicant's present primary ministry: _____

Potential to be an effective pastoral leader: _____

Best achievements or accomplishments and strong points:

Areas in need of further development for pastoral ministry: _____

What will the applicant's ministry be after taking the EAPI pastoral course/s?

Assessment of the applicant in terms of PERSONAL QUALITIES:

Physical Fitness and Health:

Intellectual Openness to Learning New Attitudes, Knowledge and Skills

Emotional Maturity with Regard to Authority and Relationships

Social Adjustment to a Multi-Cultural Global Community:

Reasons for recommending the applicant for the Courses/Programs at EAPI:

Do you need financial assistance and why?

Any other information:

Name of the Bishop/ _____

Relationship to the Applicant:

Superior/Head of Inst.

Mailing Address: _____

Tel.: _____

Fax: _____

E-Mail: _____

Date

Signature