



# Urban Frontiers Mission

## Procedure for Application

Kuru Jantar 3 Gakok, Jos South, Plateau State, Nigeria

Thank you for applying to URBAN FRONTIERS MISSION Jos, Nigeria! May you know God's grace as you seek His direction for your life. In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, please write N/A in the space.

1. Application fee. Application fee is **₦2000** and is to be forwarded with the application. Your application cannot be processed without it.
2. Application form/ Physicians Evaluation. These forms must be completed by your doctor.
3. Life questions. Please prayerfully answer the life question on separate sheet of paper and attach it to your application form to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence.
4. Financial agreement. Please read carefully, complete and sign the Financial Policy and indemnity Form. Please note that signing this form commits you to payment of the fees as set out in the Financial Policy.
5. Reference forms. On each of the three Confidential Reference Forms fill in your name. Then handover one to your Pastor/Minister and one each to two other people who know you well, e.g. employer, teacher friend and have them send it directly to us.
6. Photographs. Please submit two recent passport — size photograph with your application

### IMPORTANT

All students are encouraged to apply, generally about **one month prior** to the start of the programme.

Please send all forms or address inquiries to email : [application@urbanfrontiersmission.org](mailto:application@urbanfrontiersmission.org)

### STUDENT APPLICATION FORM

Programme applying for: **Discipleship and Rehabilitation**

Starting Date: **Ongoing**

### PERSONAL INFORMATION

Mr./ Mrs/Miss: \_\_\_\_\_

Surname

First name

Middle name

Preferred name

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

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E- mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Tribe: \_\_\_\_\_ Village: \_\_\_\_\_ LGA: \_\_\_\_\_

State of Origin: \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated

\_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

**DEPENDANTS:** (Name of children)

Surname	First name	Birth date	Sex
_____	_____	_____	_____

Parent/guardians information

Parent/ Guardian's Name: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E- mail: \_\_\_\_\_

Are your parents still married and living together? \_\_\_\_\_

How many siblings do you have? Give sex and age: \_\_\_\_\_

Date of last contact with family: \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of an emergency. Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**STUDENT EMERGENCY INFORMATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Are you allergic to any drugs? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_

Specify: \_\_\_\_\_

**CONSENT FOR TREATMENT**

In the case of an emergency I / we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary .

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

(Signature of Parent/ Guardian required if applicant is under 18years of age.)

## NATIONAL IDENTITY INFORMATION

State of Origin: \_\_\_\_\_

Identity card No: \_\_\_\_\_

City & State where ID card issued: \_\_\_\_\_ Expire Date: \_\_\_\_\_

## LANGUAGES

Please identify and indicate your proficiency in the language that you speak

**1. Elementary speaking**

**4. Full professional proficiency**

**2. Limited word proficiency**

**5. Native speaking proficiency**

**3. Minimum professional proficiency. 6. Mother Tongue.**

English proficiency: \_\_\_\_\_

Other Language proficiency: \_\_\_\_\_

## EDUCATIONAL INFORMATION

I have not completed high/ secondary school \_\_\_\_\_

I have complete 12 years of Primary & Secondary School \_\_\_\_\_

**SSCE/NECO** certificate or Diploma Obtained (or grade level completed)

Name of institution: \_\_\_\_\_

Location: \_\_\_\_\_

Period of Attendance: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

**SSCE/NECO/Diploma/Degree attained:** \_\_\_\_\_

## 2018 FINANCIAL POLICY

**URBAN FRONTIERS MISSION IS AN** (international, non-profitable Faith based ministry and is not underwritten by any group, church, or denomination. The modules are subsidized from outside sources and the costs are met largely by the student's fees. Although reliance is placed on God to provide the equipment and property needed to back such Programme. You will be expected to provide your fees as listed below.

## REGISTRATION FEES ACCOMPANYING THE APPLICATION FORMS

1. All applicants applying shall pay **₦2000**

## THE COSTS OF TRAINING PER PERSON FOR 12 MONTHS

2. Accommodation, feeding and tuition (discipleship & Vocational skill Training) for each quarter cost **₦150,000**.

The student is also expected to raise **₦20,000** for their outreach before graduation.

**These items are to come along with:**

### Urban Frontiers Mission (UFM) LIST of Items for Rehabilitation

S/N	Item	Duration	Quantity	Price /unit	Total
1	Rice	Quarterly	10 mudus	2.300 ₦	23.000 ₦
2	Beans	Quarterly	10 mudus	1.600 ₦	16.000 ₦
3	Maize	Quarterly	10 mudus	800 ₦	8.000 ₦
4	Yam	Quarterly	5 tubers	1.000 ₦	5.000 ₦
5	Sweet potato	Quarterly	1 big paint bucket	6.000 ₦	6.000 ₦
6	Spaghetti	Quarterly	1 carton	16.000 ₦	16.000 ₦

7	Tamba	Quarterly	2	mudus	1.300 ₦	2.600 ₦
8	Gero	Quarterly	2	mudus	900 ₦	1.800 ₦
9	Groundnut	Quarterly	1	mudu	1.200 ₦	1.200 ₦
10	Soyabeans	Quarterly	1	mudu	1.200 ₦	1.200 ₦
11	Dawa	Quarterly	2	mudus	900 ₦	1.800 ₦
12	Sugar	Quarterly	2	mudus	2.700 ₦	5.400 ₦
13	Bathing soap	Quarterly	3	pieces	400 ₦	1.200 ₦
14	Washing soap	Quarterly	4	pieces	500 ₦	2.000 ₦
15	Big detergent	Quarterly	2	big size	1.350 ₦	2.700 ₦
16	Tooth paste	Quarterly	2	medium	750 ₦	1.500 ₦
17	Toilet paper	Quarterly	6	pieces	250 ₦	1.500 ₦
18	Body lotion	Quarterly	1	big	2.000 ₦	2.000 ₦
19	Miscellaneous	Quarterly	1		2.000 ₦	2.000 ₦
<b>SUB TOTAL</b>		Quarterly				<b>100.900 ₦</b>
<b>SUB TOTAL</b>		Monthly				<b>33.635 ₦</b>

#### **List of Items to be brought Once to the Rehabilitation**

S/N	Item	Duration	Quantity	Price/unit	Total
1	Pillow	Once	1	5.000 ₦	5.000 ₦
2	Bedsheet	Once	1	3.000 ₦	3.000 ₦
3	Blanket	Once	1	4.000 ₦	4.000 ₦
4	Towel	Once	1	3.000 ₦	3.000 ₦
5	Bucket	Once	1	5.000 ₦	5.000 ₦
6	Mosquito net	Once	1	2.500 ₦	2.500 ₦
7	Bible	Once	1	10.000 ₦	10.000 ₦
8	Big journal	Once	1	4.000 ₦	4.000 ₦
9	Big notebook	Once	1	4.000 ₦	4.000 ₦
<b>SUB TOTAL</b>					<b>40.500 ₦</b>

#### **FINANCE AGREEMENT & INDEMNITY FORM**

Please complete this form and return it with application form.

#### **FINANCIAL INFORMATION**

(If you need more space, Please use a separate sheet of paper)

1. Do you have any outstanding debt? \_\_\_\_\_ No \_\_\_\_\_ Yes. (If Yes :)

(a). How much does it Total?: \_\_\_\_\_

(b). How and by when will it be repaid?: \_\_\_\_\_

2. Do you have sufficient finance to pay for your training \_\_\_\_\_ No \_\_\_\_\_ Yes (if No)

## ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I / we read and understand the Financial Policy of **UFM** Jos, Nigeria. I / we understand that the payment of the required programme fees must be paid prior to or at registration. unless otherwise approved in writing by UFM. Further, I agree to pay any remaining balance prior to the completion of the program, all personal expenses incurred during involvement with Urban Frontiers Mission.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INDEMNITY

*I / We hereby agree that I / We will not hold Urban Frontiers Mission, its staff, agents and volunteer interns responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Urban Frontiers Mission.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL LIFE

1. Do you have any physical disabilities? if yes please give details. \_\_\_\_\_
2. Are you presently taking any medication under doctor's orders or are you on any special diet for medical reasons? if YES. Please give details. \_\_\_\_\_
3. Have you ever had any psychiatric treatment, such as for a nervous or mental break down, depression or manic-depression? IF YES. Please give details and state what your present situation is. Do you have any learning difficulties? If YES. Please give details. \_\_\_\_\_

## OTHER

1. How and from whom did you hear of UFM? \_\_\_\_\_
2. List your present employers and the position you have held for the last five years. \_\_\_\_\_
3. Do you believe that you could live under pioneering conditions. with different foods, cultures and life in dormitory? \_\_\_\_\_
4. List your abilities and talents (music, carpentry, sewing, first aid, etc.) \_\_\_\_\_
5. Is there anything else that you would like to tell us that would help us to know you better? \_\_\_\_\_

## BACKGROUND INFORMATION PROGRAMMERS

Have you previously attended one or more Rehabilitation programmes \_\_\_\_ Yes \_\_\_\_ No (**If YES**), list all programmes that you have been to with dates and locations. Use an additional sheet of paper if necessary.

Programme: \_\_\_\_\_ Dates: \_\_\_\_\_ Location: \_\_\_\_\_

(Please arrange for your recent programme coordinator to send a Reference Form to UFM's office.)

## DECLARATION

I am willing to commit myself to the UFM leadership and cooperate with them at all times. And it is with my full knowledge and willingness that I am here to undergo discipleship and training of UFM's programmes. I am not forced to be here. I declare that the contents of this application form and additional answers to the Questions are correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any physical handicaps or health conditions,  
which require special attention \_\_\_\_\_ No Yea \_\_\_\_\_

Specify: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type \_\_\_\_\_

Do you wear glasses or contact lenses? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_

How would you rate your health condition? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

### **FAMILY HISTORY**

Have any of your family or relative ever had any of the following?

#### **RELATIONSHIP**

Tuberculosis \_\_\_\_\_

Diabetes \_\_\_\_\_

Kidney Disease \_\_\_\_\_

Heart Disease \_\_\_\_\_

Hypertension \_\_\_\_\_

Is there anything that you think we should be aware of? \_\_\_\_\_

#### **RELATIONSHIP**

Arthritis \_\_\_\_\_

Stomach Disease \_\_\_\_\_

Asthma/Hay Fever \_\_\_\_\_

Convulsion/ Epilepsy \_\_\_\_\_

Cancer \_\_\_\_\_

### **IMMUNIZATIONS**

Because of the nature of mission work, there is a risk of exposure of communicate diseases.....

**ALL STUDENTS SHALL BE TESTED FOR HIV DURING FIRST QUARTER OF SCHOOL TO ASCERTAIN YOUR STATUS. URBAN FRONTIERS MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR FLUIDS OF ANOTHER PERSON AND THERE CONTRACTS HIV, HEPATITIS'S OR ANY OTHER COMMUNICABLE DISEASE.**

**URBAN FRONTIERS MISSION** strongly advises each prospective student to ensure that the following **IMMUNIZATIONS** are received **BEFORE** coming to the school.

1. Injectable or Polio vaccine
2. Tetanus Toxoid injection if last injection was 5 years age
3. Typhoid vaccine
4. Hepatitis A vaccine x 3 injections
5. Hepatitis B vaccine x 3 injections
6. Meningitis Vaccine
7. **MALARIA** (vou will need malaria prophylactics during your time in Jos.)

*Compassion for a harassed and helpless urban multitude*