Department of Social Welfare and Development

Annex J.

APPLICATION FORM FOR ACCREDITATION OF SWD PROGRAMS AND SERVICES OF SOCIAL WORK AGENCY (SWA)

TO BE FILLED UP BY DSWD

Date of Receipt of Application (mm/dd/yy): _____ Time of Receipt of Application: _____
Date of Release of Certificate (mm/dd/yy):_____ Time of Release of Certificate: _____
Tracking No.: _____

A. APPLICANT INFORMATION

Type of Application: • New • Renewal	**CRLTO No. _____**
Scope/Coverage: • More than one region • Within one region	Specify Regions:

Type of SWA: (Please check the appropriate box)

• Public SWA
  • Residential-Based
  • Child Caring Agency
  • Others: _____
  • Center-Based
	• Private SWA
	  • Residential-Based
	  • Child Caring Agency
	  • Others: _____
	  • Center-Based
	  • Community-Based
	  • Child Placing Agency (CPA)
	  • Others:_____

Name of the SWA (as indicated in Articles of Incorporation or Board Resolution):

Other Names (e.g., Acronym, short name, previous name) (If applicable)**:**

Main Office Address ***(based on the updated General Intake Sheet (GIS) from SEC, if applicable):***

House/Bldg. No._____ Name of Building_____ Lot No. ____ Block No. _____
Street _____ Barangay _____
Subdivision _____ City/Municipality _____
Province _____ ZIP Code _____

Telephone No.:	**Mobile No.:**		**Email Address:**		
Name of Executive Director/ Agency Head	Surname	Given Name	Middle Name	Suffix	Position/Designation

Contact Details of the Executive Director/ Agency Head:
House/Bldg. No. _____ Name of Building _____ Lot No. _____ Block No. _____

DSWD Central Office, IBP Road, Batasan Pambansa Complex, Constitution Hills, Quezon City, Philippines 1126
Website: http://www.dswd.gov.ph Tel Nos.: (632) 8 931-8101 to 07 Telefax: (632) 8 931-8191

Street _____ Barangay _____ Subdivision _____ City/Municipality _____ Province _____ ZIP Code _____		
Telephone No.:	Mobile No	Email Address:

B. PROGRAM PROFILE

Specific Objectives of the SWDA (Please state. Attach additional page if necessary);

Program Profile to be accredited (Please indicate the programs and services being applied for accreditation)

Types of Programs and Services based on SWDA Classification **(Include bed capacity residential-based)**	**Area Coverage (Specify the Region, Province, City and Municipality)**	**Actual Number of Clients (Male and Female) and Type (e.g., Children, Youth, Women, Older Persons, Persons with Disabilities (PWD), Family, Community, Disaster Victims)** **Sample response:** **CICL: 50 (25 Male, 25 Female)**

(If there are more than five (5) direct programs, please attach a separate page to indicate the name, area coverage and target beneficiaries of each satellite office)

Profile of Clients/Beneficiaries Served ***(Annex M to be attached to this application form)***

C. PERSONNEL PROFILE

Current Staff Complement[1]

Name of Facility/ Satellite Office/ Areas of Operation	***Staff Complement***	***No. and Composition of Staff Complement per Facility/Satellite Office/Areas of Operation***			
		Full time/ Regular Staff	***Part-time Staff***	***Volunteer Staff***	***Total***
	Management ● ***Executive Director/Agency Head*** ● ***Others, pls. specify:***				
	Program Staff ● Community Development Worker ● House parent/ caregivers ● ***Others, pls. specify:***				

[1] Refer to Annex A and B for the prescribed Worker-Beneficiary Ratio and Minimum Standards for Staffing Requirements

	Support Staff (please specify)				

Profile of Registered Social Workers (RSWs)

Name	License Number	Validity

If there are more than three (3) registered social workers, please attach a separate page to indicate the name, license number and years of validity of the license.

Profile of Employees using Annex L ***(attached to this application form)***