



Annex I.

APPLICATION FORM FOR REGISTRATION AND LICENSING OF SOCIAL WELFARE AND DEVELOPMENT AGENCIES (SWDAs)

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
 - 3-year validity
 - Perpetual validity

Scope/Coverage:

- More than one Region
- Within one Region

Type of SWDA:

(Please check the appropriate box)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Social Work Agency (SWA) <ul style="list-style-type: none"> <input type="checkbox"/> Residential-Based <ul style="list-style-type: none"> <input type="checkbox"/> Child Caring Agency <input type="checkbox"/> Others: _____ <input type="checkbox"/> Center-Based <input type="checkbox"/> Community-based Services <ul style="list-style-type: none"> <input type="checkbox"/> Child-placing Agencies <input type="checkbox"/> Others: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Auxiliary SWDA <ul style="list-style-type: none"> <input type="checkbox"/> People's Organization <input type="checkbox"/> Resource Agency <input type="checkbox"/> SWD Network |
|--|---|

Is your SWDA already engaged in providing SWD programs and services? NO YES

If yes, how many years has the agency been operating? _____

Name of the SWDA (as indicated in Articles of Incorporation):

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

Main Office Address (based on the updated General Intake Sheet from SEC)

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. _____
 Street _____ Barangay _____
 Subdivision _____ City/Municipality _____ Province _____
 ZIP Code _____

Telephone No.:	Mobile No	Email Address:
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Satellite/Branch Office 1 Address (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:
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Satellite/Branch Office 2 Address (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:
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(If there are more than 2 satellite offices, please attach a separate page to indicate the address of each satellite office)

B. PROGRAM PROFILE

Program Profile (Please indicate all the programs and services for implementation/operation and/or being implemented/operated by the applying organization):

Name of Programs/Services	Area Coverage	Target Beneficiaries, Projected/Actual Number of
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(Include bed capacity if residential-based)	(Specify the Region, Province, City, and Municipality)	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, areas coverage and target beneficiaries of the each satellite office)

C. PERSONNEL PROFILE

Profile of Registered Social Workers (RSWs) (if applicable only)

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 DSWD Template (Annex L) attached to this application form