ANNEX A

APPLICATION FORM
ACCREDITATION FOR PRE-MARRIAGE COUNSELORS

CY _____

STATUS OF APPLICATION: ☐ New

☐ Renewal

Accreditation No.: _____
Date of Issuance: _____
Date of Expiration: _____

I. PERSONAL INFORMATION

1. Name *(Surname)* *(First Name)* *(Middle Name)*		
2. Age:	*3. Sex:*	*4. Civil Status:*
5. Present Address:		
6. E-mail Address:	*7. Mobile No:*	*8. Telephone No:*
8. Tertiary Education: *School:*	*9. Graduate Studies (if applicable):* *School:*	
10. PRC Registration No. (if applicable)	*11. Validity Period:*	
12. Agency where presently connected:		
13. Address (of agency):		
14. Present position:		

II. AGREEMENT

I agree that my personal information will be collected, used, processed, and stored in accordance with RA 10173, also known as the Data Privacy Act of 2012.

I further agree that once I have passed the assessment, the Department of Social Welfare and Department (DSWD) shall have the right to post my name and place of work under the category of accredited Pre-Marriage Counselors.

_____
Signature over Printed name of Applicant / Date

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