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)

□ Social Work Agency (SWA) □ Residential-Based □ Child Caring Agency □ Others: _____ □ Center-Based □ Community-based Services □ Child-placing Agencies □ Others: _____	□ Auxiliary SWDA □ People's Organization □ Resource Agency □ 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 _____

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

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:**

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:

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:

(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 **(Include bed capacity if residential-based)**	**Area Coverage**	**Target Beneficiaries, Projected/Actual Number of Clients (Male and Female) and Type (e.g., Children, Youth,**

	(Specify the Region, Province, City, and Municipality)	**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