

Republika ng Pilipinas  
(Republic of the Philippines)  
Kagawaran ng Kagalingang Panlipunan at Pagpapaunlad  
(Department of Social Welfare and Development)  
Region: \_\_\_\_\_

**Application Form for the Accreditation of Pre-Marriage Counselor****Instruction:** Kindly fill-in the needed information.

Region: \_\_\_\_\_

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

LGU (if applicable): \_\_\_\_\_

Status of Accreditation:

 New       Renewal

Status of Assessment:

 1<sup>st</sup> Assessment       Re-Assessment**A. Personal Information:**Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male     Female  
(Full Print)Civil Status:  Single     Married     Widow     Separated    Others, specify: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile No/Tel.No: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Residential/Home Address: \_\_\_\_\_

Course: \_\_\_\_\_ Post Graduate studies, if any: \_\_\_\_\_

**B. Work Information (if applicable):**

Name of Agency/LGU: \_\_\_\_\_

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

Position and Designation: \_\_\_\_\_ No. of mos./years in current position: \_\_\_\_\_

No. of Years in Service: \_\_\_\_\_ No. of mos. / years as PM Counselor: \_\_\_\_\_

Total No. of PMC Sessions conducted and would-be-couples served for the past year: \_\_\_\_; \_\_\_\_

**C. Previous Work Experience from Present to Past** (Please use separate sheet when necessary)

<i>Name of Agency</i>	<i>Position/Designation</i>	<i>Date From-To</i>

**D. Training Courses/Seminars Attended related to PMC/Counseling for the last three (3) years.** (Start with the recent training/seminar attended. Please use separate sheet when necessary)

<i>Title</i>	<i>Date</i>	<i>No. of Hours/ Duration</i>	<i>Conducted/Organized by</i>

**E. Experience in providing Pre-Marriage Counseling/other form of Counseling Service/s** (Please use separate sheet when necessary)

1. Describe your most significant/difficult experience/s in providing counseling to couples/clients, and how were you able to deal with this/these?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. What were your insights/learning from this/these experience/s?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name  
Applicant