**APPLICATION FORM FOR ACCREDITATION OF SWD PROGRAMS AND SERVICES OF BOTH PUBLIC SWDAS AND PRIVATE SWAS**



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Status of Application:***   * **New Application** * **Renewal**  |  |  | | --- | --- | | * **1st** | * **4th** | | * **2nd** | * **5th** | | * **3rd** | * **Others, pls. specify \_\_\_\_\_\_\_** | | Check Symbols Copy and Paste ✓ ✓ ✓ ✘ ❌ ✖ ✕ ❎ ☓ ✗**DSWD Previously Issued Accreditation (if renewal):**   * Accreditation No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Date of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Identifying Information:**



|  |  |  |
| --- | --- | --- |
| Name of Applicant SWDA *(as stated on the SEC Registration)* | |  |
| Check Symbols Copy and Paste ✓ ✓ ✓ ✘ ❌ ✖ ✕ ❎ ☓ ✗Other Name *(e.g., acronym, short name, previous name, etc.)* | |  |
| *Business Address* *(based on the latest General Information Sheet/GIS submitted to SEC):* | No. and Street/ Subdivision: |  |
| Barangay |  |
| City/Municipality |  |
| Province |  |
| Zip Code |  |
| Head of Applicant SWDA | Name |  |
| Position/Designation |  |
| Contact details | Landline No. |  |
| Mobile No. |  |
| Social Media Account |  |
| E-mail address |  |
| Website |  |
| Check Symbols Copy and Paste ✓ ✓ ✓ ✘ ❌ ✖ ✕ ❎ ☓ ✗Principal Registration  (Juridical Personality) | Agency *(SEC)* |  |
| Registration No. |  |
| Date Registered |  |
| DSWD License to Operate  \*Not applicable to Public SWDAs | License No. |  |
| Validity Date |  |
| Check Symbols Copy and Paste ✓ ✓ ✓ ✘ ❌ ✖ ✕ ❎ ☓ ✗Mayor’s Permit  *(If applicable)* | Place Issued |  |
| Issued No. |  |
| Date Issued: |  |
| Validity Period: |  |
| Check Symbols Copy and Paste ✓ ✓ ✓ ✘ ❌ ✖ ✕ ❎ ☓ ✗DSWD Official Receipt (O.R.) No.  *(Please attach photocopy of receipt)* | |  |

1. **Specific Objectives of the SWDA** (pls. state and attached separate page, if necessary):
   1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



1. **Profile of Program to be Accredited**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Programs and Services per Service Delivery Mode** | **Area of Coverage/Location**  (pls. specify**)** | | | **Target Beneficiaries**  (please indicate number of beneficiaries being served per specific category e.g. under children Sector - 5 neglected, 3 abused etc) | | | | | | | | |
| **Region** | **Province** | **City/Municipality** | **Children** | **Youth** | **Women** | **Older Person** | **PWD** | **Family** | **Community** | **Disasters Victims** | **Others (Specify)** |
| **a. Community-based** | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Center-based** (pls. indicate specific name of each facility with corresponding bed capacity and programs and services to be or being provided to the clientele) | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Staff Complement** (current year)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***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***   * Registered Social Worker * Community Development Worker * House parents/ caregivers * Others, please specify: |  |  |  |  |
|  | ***Support Staff*** (please specify) |  |  |  |  |



1. **Profile of Governing Board/Board of Trustees *(Not applicable for Public SWDAs)***

Kindly provide necessary details if an update or amendment on documents recently submitted to DSWD SB is available.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Position Title | Educational Attainment | Business Address | Home Address | Experience and/or training on SWD *(Pls. indicate place and date of training/ experience)* | Nationality | If Foreigner  *(Pls. specify permit/visa issued number, date issued and expiration date)* | | |
| Working Permit | Missionary Visa | Working Visa |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |



1. **Profile of Employees.** (Kindly fill-up the form below for the profile of employees)



1. **Budget:**
2. **Annual Budget (Latest): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Source of Funds:** Please specify the organization’s specific sources of funds whether government or private organizations/individuals, local and/or international/foreign including other resource generation activities with the corresponding amount of funds covered annually in peso value. If foreign, there is a need to specify the country location.
   1. ***Local Source Peso Value***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. ***Foreign Source Peso Value***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Declaration of Commitment**

Consistent with the principle that there is an irreconcilable conflict of interest between public health, public safety, and provision to public services on one hand and the interests of the tobacco industry, and its representatives on the other, the undersigned hereby commits and supports all government efforts to protect the bureaucracy against any interference from the tobacco industry by signing the Certification below.

Given this, the undersigned declares that he/she, at present\*, **is** **not directly or indirectly representing, or not directly or indirectly receiving donation or payment** from any tobacco product manufacturer or wholesaler, or any parent, affiliate or subsidiary of a tobacco product manufacturer or wholesaler, or any person, interest group, advocacy organization, law firm, advertising agency, or other business or organization that represents the interests of the tobacco industry.

*\*in case of any past interests related to the tobacco industry, please declare/list the details of such interest in the blank spaces provided (name of tobacco company, date and details of involvement)*

|  |  |  |
| --- | --- | --- |
| **Name of Tobacco Company** | **Date/Period of Involvement** | **Details of Involvement** |
|  |  |  |
|  |  |  |
|  |  |  |



1. **Data Privacy Act (DPA) of 2012**

By completing this form, I/we give permission to the Department of Social Welfare and Development (DSWD) to enter and store the data provided above in its authorized storage system and will only be accessed by the authorized DSWD personnel.

I/we understand that our personal information collected and stored shall be used for the following:

* 1. Processing and reporting of documents related to the conduct of regulatory activities (i.e., registration, licensing, accreditation of SWDAs and/or service providers), under certain conditions as required by law.
  2. Announcements or promotions of programs, projects, and other activities organized by the Department and its partners.
  3. Activities pertaining to establishing relations with DSWD stakeholders.
  4. Other related activities authorized by the DSWD

I/We understand that I am given certain rights under the Data Privacy Act, including the right to object to processing of my data, the right to access my data, the right to correct any inaccurate data, and the right to erasure or blocking of data. For more information on these rights, and for requests to review the Data, to withdraw consent to the use of the Data for any of the purpose stated above, and/or to correct or update the Data, I am to contact the Standards Bureau Data Privacy Compliance Officer at sb@dswd.gov.ph.

I/We have read and understood the above and hereby consent to, agree on, accept, and acknowledge the terms stated for myself/ourselves and/or the agency by signing the Certification below.

1. **Documentary Requirements.** *(Please put check as appropriate)* If available, indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requirements** | | Check Symbols Copy and Paste ✓ ✓ ✓ ✘ ❌ ✖ ✕ ❎ ☓ ✗**To be filled-out by Applicant SWDA** | | **Validation by the DSWD Assessor** | **Means of Verification/s presented to the DSWD Assessor** |
| **Compliant?** | | **Findings/ Observations** |
| **Yes** | **No** |
| 1. **Basic Documents** | | | | | |
| 1 | Duly Accomplished and Notarized Application Form |  |  |  |  |
| 2 | Pre-Accreditation Assessment |  |  |  |  |
| a | For new applicants: Pre-accreditation assessment conducted by concerned FO  *\*Never been accredited*  *\*Assessed but not issued*  *\*Accredited before AO 16, s. 2012* |  |  |  |  |
| b | For renewal: Self-assessment/Duly Accomplished Pre-accreditation assessment tool signed by the SWA’s Head of Agency or Authorized Representative  *\*Have been accredited under AO 16 s.2012/MC 17 s. 2018* |  |  |  |  |
| 3 | Manual of Operations |  |  |  |  |
| 4 | *For applicant SWA’s implementing Child Placement Services*  Certification from DSWD or photocopy of the certificate of training attended by the hired RSW related to child placement service. |  |  |  |  |
| 5 | Staff Complement Requirement of Employees and Volunteers:  Staff requirement shall be based on Staff Client ratio per standards on accreditation of specific programs and services |  |  |  |  |
| 1. **Documents Establishing Corporate Existence and Regulatory Compliance** | | | | | |
| 6 | Certificate of No Derogatory Record information issued by SEC *(except those in operation for less than six months upon filing of the application)  \*Not applicable for public SWDAs* |  |  |  |  |
| 7 | Copy of the valid Safety Certificates   1. For Center Based (Residential Based and Non-Residential Based) 2. Occupancy permit (only for new buildings) or Annual Building Inspection Certificate (for old buildings) 3. Fire Safety Inspection Certificate 4. Water Potability Certificate or Sanitary Permit 5. For Community-based    * 1. Fire Safety Certificate |  |  |  |  |
| 1. **Documents Establishing Track Record and Good Standing** | | | | | |
| 8 | ABSNET Membership  Certification from the Regional ABSNET Chairperson of the Cluster ABSNET or the authorized ABSNET Officer attesting the active ABSNET membership of the applicant SWA |  |  |  |  |
| 9 | Work and Financial Plan for the two (2) succeeding years |  |  |  |  |
| 10 | Notarized Updated Certification from the Board of Trustees and/or the funding agency to financially support the organization to operate for at least two (2) years  *\*not applicable for public SWDAs* |  |  |  |  |
| 11 | Annual Accomplishment Report of the previous year |  |  |  |  |
| 12 | Audited Financial Report of the previous year   * For Public SWDA, Copy of Consolidated Annual Audit Report * For Licensed SWA, Copy Audited Financial Statement duly received by BIR or SEC |  |  |  |  |
| 13 | For applicant with past and current partnership with the DSWD that involved transfer of funds   * Certification from the concerned DSWD Office that the applicant is free from any financial liability/obligation |  |  |  |  |



1. **Certification**

**I hereby Certify that the information on this application form and**

**all supporting application documents are true and correct.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature Over Printed Name of the Agency Head or Authorized Representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Position/Designation of the Agency Head or Authorized Representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

**Note:** If will be eligible for issuance of Certificate of Accreditation, kindly check the appropriate box on how the organization would like to receive the Certificate:

Through courier Pick-up at DSWD Office (Field Office or Standards Bureau, as applicable)

**Authorization:**

|  |  |  |
| --- | --- | --- |
| **On behalf of the applicant SWDA, I hereby:**   1. Authorize Mr./Ms./Mrs./the following (maximum of 3) representatives \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,   *(Full name of authorized representative/s)*  our \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as our official representative to transact with DSWD covering all the  *(designation in the organization)*  requirements and processes set in our application for Accreditation of SWD programs and services;   1. Allow the DSWD to inspect the premises of the office(s) and residential facility(ies) and/or satellite/branch offices of our organization, as well as the site of any past or present project or program of the organization; 2. Authorize any concerned person of the organization to disclose to the DSWD any fact material to the validation of any information provided by our organization in this application or in any of the documents submitted in support thereof, and; 3. Attest that all information in this application together with all the supporting documentary requirements are true and correct.   Note: Please present a valid ID of the authorized representative who will process the application and Photocopy of the valid ID with signature of the affiant who authorized the representative to process the application upon submission of application documents to DSWD. | | |
| AFFIANT | Signature |  |
| Name |  |
| Position/Designation |  |
| Date executed | |  |
| Place executed | |  |
| **SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document:**   |  |  | | --- | --- | | Government ID Type and No. |  | | Place and date of issue |  | | Valid until |  | | | |

------------------------------------------------------------------------------------------------------------------------------------------

*(To be filled-up by the DSWD assessor)*

***Findings:*** 🞎 For endorsement 🞎 For submission of lacking requirements

**Reviewed by**:

Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD’s mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name and Signature of DSWD Technical Staff or Authorized (SB/Field Office)*

*Intermediary)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Designation) (Date)*

**PROFILE OF EMPLOYEES**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Name of Employee*** | ***Position***  ***/Title***  ***(Indicate if***  ***Volunteer)*** | ***Salary***  ***(per month)*** | ***Place of Assignment***  ***(Indicate name of Office/Unit and location)*** | ***Educational***  ***Attainment*** | ***Relevant Training and Experience***  ***(Pls. Indicate place & date of training/ experience)*** | ***Nationality*** | ***If Foreigner***  ***(Pls. specify permit/visa issued number, date issued and expiration***  ***date)*** | | | ***Date of last***  ***Examination/ Evaluation*** | |
| ***Working Permit*** | ***Missionary Visa*** | ***Working Visa*** | ***Medical*** | ***Psychological*** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

* *Pls. use additional sheet, if necessary*