**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.: \_\_\_\_\_\_\_\_\_ |
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| **A. APPLICANT INFORMATION** | | | | | | | | | | | | | |
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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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)*** | | | | | | | | | | | | | |
| 1. **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**  **(Specify the Region, Province, City, and Municipality)** | | | | | | **Target Beneficiaries, Projected/Actual Number of 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)** | | | |
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| ***(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** | | | | |
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| ***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** | | | | | | | | | | | | | |