**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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
| ***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** |