**Annex J.**

**APPLICATION FORM FOR ACCREDITATION OF SWD PROGRAMS AND SERVICES OF SOCIAL WORK AGENCY (SWA)**

| **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 | | | | | | **CRLTO No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| ***Scope/Coverage:***   * More than one region * Within one region | | | | | | Specify Regions: | | | | | | | |
| ***Type of SWA:*** (Please check the appropriate box) | | | | | | | | | | | | | |
| * Public SWA   + Residential-Based     - Child Caring Agency     - Others: \_\_\_\_\_\_\_\_\_\_\_   + Center-Based | | | | | | * Private SWA   + Residential-Based   + Child Caring Agency   + Others: \_\_\_\_\_\_\_\_\_\_\_   + Center-Based   + Community-Based     - Child Placing Agency (CPA)     - Others:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Name of the SWA (as indicated in Articles of Incorporation or Board Resolution):** | | | | | | | | | | | | | |
| **Other Names (e.g., Acronym, short name, previous name) (**If applicable**):**  **Main Office Address *(based on the updated General Intake Sheet (GIS) from SEC, 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:** | | | | | | |
| **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: | | | | | |
| 1. **PROGRAM PROFILE** | | | | | | | | | | | | | |
| **Specific Objectives of the SWDA (Please state. Attach additional page if necessary);** | | | | | | | | | | | | | |
| **Program Profile to be accredited** (Please indicate the programs and services being applied for accreditation) | | | | | | | | | | | | | |
| **Types of Programs and Services based on SWDA Classification**  **(Include bed capacity residential-based)** | | | | **Area Coverage**  **(Specify the Region, Province, City and Municipality)** | | | | | | **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, area coverage and target beneficiaries of each satellite office)*** | | | | | | | | | | | | | |
| **Profile of Clients/Beneficiaries Served *(Annex M to be attached to this application form)*** | | | | | | | | | | | | | |
| 1. **PERSONNEL PROFILE** | | | | | | | | | | | | | |
| **Current Staff Complement[[1]](#footnote-0)** | | | | | | | | | | | | | |
| ***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**   * Community Development Worker * House parent/ caregivers * ***Others, pls. specify:*** | | | |  | | |  | |  |  |
|  | | | ***Support Staff*** (please specify) | | | |  | | |  | |  |  |
| **Profile of Registered Social Workers (RSWs)** | | | | | | | | | | | | | |
| **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 Annex L *(attached to this application form; applicable only to Public SWAs)*** | | | | | | | | | | | | | |

1. Refer to Annex A and B for the prescribed Worker-Beneficiary Ratio and Minimum Standards for Staffing Requirements [↑](#footnote-ref-0)