**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** |
|  |  |  |  |
|  |  |  |  |
|  |
| ***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)