

Republic of the Philippines
Department of Social Welfare and Development

**APPLICATION FOR REGISTRATION AND LICENSING OF
SOCIAL WELFARE AND DEVELOPMENT AGENCIES**

Date: _____

Type of Application :

(Please check the appropriate box)

Registration

People's Organization

Resource Agency

SWD Network

Registration and Licensing

Residential-based Agency

Community-based Agency

Child Placing Agency

Resource Agency providing direct services

Status of Application:

New Application

Renewal

DSWD Previously Issued

Certificate No: _____

Date of Issuance: _____

Date of Expiration: _____

Scope/Coverage:

More than one Region/
Nationwide

Regional

Service Delivery Mode

Residential-Based

Community Based

I. Identifying Information:

1. *Name of Agency:*

2. *Business Address:*

(No., Street/Subdivision, Barangay)

(Municipality/City)

3. *Agency Head*

(Province)

4. *Position Title/Designation:*

5. *Telephone/Mobile/Fax Numbers*

6. *E-mail Address:*

7. *Website:*

7. *Registration/Permit No:*

7.1. SEC No: _____

7.2. CDA No. _____

7.3. Mayor's Permit No. _____

8. *Date of Issuance of Registration/Permit*

8.1 SEC Issued: _____

8.2. CDA Issued: _____

8.3. Mayor's Permit Issued: _____

Reminder: Any private SWDA that intends to engage or is currently engaged in social welfare and development activities shall apply for registration or registration and license to operate with the concerned DSWD Office within six (6) months after its registration with the SEC or with CDA that gives juridical personality to an agency to operate in the Philippines.

(Please use additional sheet/s, if necessary)

Type of Programs and Services per Service Delivery Mode	Area of Coverage/Location (pls. specify)			Target Clientele (Please check the appropriate column)								
	Region	City/ Province	Municipality	Children	Youth	Women	Older Person	PWD	Family	Community	Disasters Victims	Others (Specify)
2. Indirect Program/s (Please specify all those are supportive activities in the delivery of social welfare and development programs and services to the disadvantaged sector/s).												
a. Funding												
b. Training/Capability Building												
c. Technical Assistance												
d. Research												
e. Advocacy/IEC Development												
d. Others												

IV. Personnel (current year)

<i>No and Composition of Staff Complement</i>	<i>Technical Staff</i>	<i>Administrative Staff</i>	<i>Registered Social Worker</i>	<i>Community Development Worker</i>
<i>Full time/ Regular Staff</i>				
<i>Part time Staff</i>				
<i>Volunteer Staff</i>				

V. Budget:

1. **Annual Budget (Latest):** _____

2. **Source of Funds:** (Please specify the SWDA'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 in peso value.)

a. *Local Source*

Peso Value

b. *Foreign Source*

Peso Value

I hereby certify that the information on this application form is true and complete.

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

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

(Date)