*Annex A*

**PMC Form\_App**

Republika ng Pilipinas

(*Republic of the Philippines*)

Kagawaran ng Kagalingang Panlipunan at Pagpapaunlad

(*Department of Social Welfare and Development*)

Region:\_\_\_\_

**Application Form for the Accreditation of Pre-Marriage Counselor**

**Instruction:** Kindly fill-in the needed information**.**

Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

LGU (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status of Accreditation:

New Renewal

Status of Assessment:

1st Assessment Re-Assessment

A. **Personal Information*:***

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Sex: Male Female*

*(Full Print)*

*Civil Status: Single Married Widow Separated Others, specify:\_\_\_*

*Date of Birth: \_\_\_\_\_\_\_\_\_\_\_Mobile No/Tel.No: \_\_\_\_\_\_\_\_\_\_\_E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Residential/Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Graduate studies, if any*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. **Work Information (if applicable):**

*Name of Agency/LGU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Position and Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of mos./years in current position: \_\_\_\_\_*

*No. of Years in Service: \_\_\_\_\_\_\_\_\_\_\_ No. of mos. / years as PM Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Total No. of PMC Sessions conducted and would-be-couples served for the past year: \_\_\_; \_\_\_*

C. **Previous Work Experience from Present to Past** (Please use separate sheet when necessary)

|  |  |  |
| --- | --- | --- |
| *Name of Agency* | *Position/Designation* | *Date*  *From-To* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

D. **Training Courses/Seminars Attended related to PMC/Counseling for the last three (3) years.** (Start with the recent training/seminar attended. Please use separate sheet when necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| *Title* | *Date* | *No. of Hours/ Duration* | *Conducted/Organized by* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

E. **Experience in providing Pre-Marriage Counseling/other form of Counseling Service/s** (Please use separate sheet when necessary)

1. Describe your most significant/difficult experience/s in providing counseling to couples/clients, and how were you able to deal with this/these?

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What were your insights/learning from this/these experience/s?

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name

Applicant