**Checklist of Requirements on Accreditation of Social Workers Managing Court Cases (SWMCCs) for Supervising Social Workers**

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| Name of Agency | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency where presently connected | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Put a ***check (√)***in the corresponding box if the document is ***available*** or ***(X)*** mark if ***not***.

| **Available** |  | ***List of Documentary Requirements*** | | ***Remarks*** |
| --- | --- | --- | --- | --- |
|  |  | ***New*** | |  |
|  | **1** | Duly Accomplished Application Form | |  |
|  | **2** | Valid Professional Regulations Commission Registration ID Card | |  |
|  | **3** | Certificate of attendance to basic course training (at least 32 hours) on the management of court cases from DSWD or its recognized training institutions;  In case of lost certificate, a certified true copy from the training provider may be presented | |  |
|  | **4** | Summary of documentation of 4 cases managed | |  |
|  | **5** | Technical supervisory notes of 2 supervisees as proof of providing technical assistance | |  |
|  |  | ***Renewal*** | |  |
|  | **1** | Duly Accomplished Application Form | |  |
|  | **2** | Certificate of attendance to relevant trainings attended or refresher source of at least 24 hours given by DSWD or its recognized training institutions | |  |
|  | **3** | Summary of documentation of cases managed for the last six months | |  |
|  | **4** | Technical supervisory notes of 2 supervisees as proof of providing technical assistance | |  |
| ***Other documents submitted by the Applicant:*** | | | | |
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| ***Remarks:* For endorsement For submission of lacking documents** | | | | | |
| Reviewed by: | | | | | |
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| *Name and signature of staff Date* | | | | | |