***Annex 13: Suggested Certification of hired SW***

***(Letterhead of SWDA)***

# CERTIFICATION

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of SWDA)

located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Main Office Address)

hired the following social worker/s for the delivery of its programs and services:

|  |  |  |
| --- | --- | --- |
| ***Name*** | ***License Number*** | ***Validity*** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Issued this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Issued by:

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

*(Name of SWDA Executive Director/Coordinator)*

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

*(Designation/Position)*