***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)*