

**APPLICATION FORM**  
**TRAINING GRANT**

**PRIVACY NOTICE:** The Department of Labor and Employment (DOLE) respects your right to privacy. We collect or generate your personal information, including but not limited to name, address, contact number, employer or organization you are representing, email address, mobile number and other personal data necessary to facilitate your application. By filing a duly accomplished form, you are agreeing to the collection, processing and sharing of the collected information consistent with existing laws, rules and regulations.

**Applicant Organization:** \_\_\_\_\_  
**Office Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

**PROFILE OF PRESIDENT**

Name: \_\_\_\_\_  
 Complete Home Address: \_\_\_\_\_  
 Landline No. \_\_\_\_\_ Cellphone No: \_\_\_\_\_  
 Gender:  Male  Female      Civil Status:  Single  Married  Widow  
 Employment History:

Inclusive Dates	Position	Employer
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PROFILE OF TRAINING COORDINATOR**

Name: \_\_\_\_\_  
 Complete Home Address: \_\_\_\_\_  
 Landline No. \_\_\_\_\_ Cellphone No: \_\_\_\_\_  
 Gender:  Male  Female      Civil Status:  Single  Married  Widow  
 Employment History:

Inclusive Dates	Position	Employer
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BOARD/OFFICERS RESOLUTION**

We, the Executive Board/Officers of the (Name of Applicant Organization), recognizing the need for workers education in order to enhance the capabilities of our officers, potential leaders and members do hereby resolve and declare:

1. We agree that our organization apply for the training grant under the Workers Organization Development Program (WODP) of the DOLE;
2. We agree to attend and practice and participate in the approved training/seminar workshop that our organization will undertake;
3. We hereby undertake to put up the twenty (20%) percent equity of the foregoing training proposal and to strictly abide by the terms and conditions of the Training Grants embodied in WODP Guidelines and the Memorandum of Agreement; and
4. We are committed to exert every effort to ensure the success of the training program and shall cooperate fully with the DOLE regarding implementation of re-entry plan and submission of necessary reports and liquidation papers.

**IN WITNESS WHEREOF**, we hereby set our hands this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ at \_\_\_\_\_, Philippines.

PRINTED NAME OF OFFICER	POSITION	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

(Use additional sheet if necessary)