

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Labor Relations

**WORKERS ORGANIZATION AND DEVELOPMENT
PROGRAMS (WODP)**

TRAINING GRANTS

*For more information, please call: (02)527-25-27; (02)527-25-35; (02)527-24-59 or write/visit us at 6th Floor BF
Condominium, Solana Street, Intramuros, Manila*

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

(WODP-TRAINING GRANTS)

CHECKLIST OF REQUIREMENTS

Initial Stage:

- [] Application Form *(WODP-Training Grants Form No.1)*
- [] Profile of Project Manager/
Profile of Training Coordinator *(WODP- Training Grants Form No.2-a)*
(WODP- Training Grants Form No.2-b)
- [] Training Design/Proposal *(WODP-Training Grants Form No.3)*
- [] List of Past Projects/Activities of Similar Nature
- [] Board/Organization's Resolution *(WODP-Training Grants Form No.4)*
- [] Financial Statements (Balance Sheet and Income Statement)
- [] At least 20% Equity of Total Cost
- [] Reportorial Requirements (For Union applicants only)
 - xerox copy of union/federation registration certificate
 - xerox copy of certificate of CBA registration
 - xerox copy of financial statement for three (3) years
 - updated list of affiliates with number of union members (male,female)
 - updated list of union officers and their address
 - minutes of the election and the list with signatures of voters who participated therein

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

(WODP-TRAINING GRANTS)

APPLICATION FORM

Applicant Organization: _____

Office Address: _____

Telephone Number: _____

A. Training Course to be conducted:

- Basic**
- Basic Trainers Training**
- Advanced/Skills**
- Others (pls. Specify) _____**

Inclusive date/s: _____

Place: _____

B. Names and Addresses of Intended Beneficiaries:

	<u><i>Name of Beneficiaries</i></u>	<u><i>Address</i></u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

(Use additional sheet if necessary)

Name of Union Officers/Members

Address

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

(Use additional sheet if necessary)

C. PROFILE:

Registration Number: _____ Date Registered: _____

Membership: (TOTAL) _____ Male: _____ Female: _____

1. For Federation Only:

A. Total Number of Affiliates (as of) _____

B. List of Affiliates:	Names and Addresses of Company where Union Operates	No. of Members MIF
------------------------	---	-----------------------

- | | | |
|-----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |

(Use additional sheet if necessary)

2. For Independent Union Only:

A. Name of Company where Union Operates: _____

B. Industry Class/Type of Business of the Company: _____

C. No. of years in operation: _____

D. Total No. of Union Members: _____ Male: _____ Female: _____

E. List of Union Officers:

<u>Name</u>	<u>Position</u>	<u>Term</u>	<u>Address</u>	<u>Educ'l.</u> <u>Attainment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use additional sheet if necessary)

Signature

(Printed Name)

(Position)

Date Accomplished: _____

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PROFILE OF PROJECT MANAGER/ FEDERATION PRESIDENT

Name: _____
Address: _____
Age: _____
Gender: _____ Male: _____ Female: _____
Civil Status: _____

Educational Background:

Name of School/College/University

- Elementary Level _____
- High School Level _____
- High School Graduate _____
- College Level _____
- College Graduate (pls. specify course) _____
- Post Graduate _____

Employment History:

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

Training/Seminar Experience:

Signature over printed Name

Date Accomplished: _____

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PROFILE OF TRAINING COORDINATOR

Name: _____

Address: _____

Age: _____

Gender: _____ Male: _____ Female: _____

Civil Status: _____

Educational Background:

Name of School/College/University

- Elementary Level _____
- High School Level _____
- High School Graduate _____
- College Level _____
- College Graduate (pls. specify course) _____
- Post Graduate _____

Employment History:

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

Training/Seminar Experience:

Signature over printed Name

Date Accomplished: _____

**Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT**

WORKERS CAPABILITY DEVELOPMENT

TRAINING DESIGN OUTLINE/MODEL

I. TITLE:

II. RATIONALE:

III. OBJECTIVES:

A. General

B. Specific: At the end of the seminar/workshop, the participants are expected to:

- 1.
- 2.
- 3.
- 4.
- 5.

IV. COURSE CONTENT AND DESCRIPTION:

V. METHODOLOGIES:

VI. TRAGET PARTICIPANTS:

VII. DURATION AND VENUE:

VIII. RESOURCE PERSONS:

IX. SECRETARIAT:

X. BUDGET

XI. RE-ENTRY PLAN

WODP Training Grant Form No.4

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

BOARD/ORGANIZATION'S RESOLUTION

We, the members of the (Name of Workers Organization) duly registered with the (Name of department) recognizing the need for workers education in order to enhance the capabilities of our officers, potential leaders and members in leading, handling and administering trade union activities thereby, strengthening the organization hereby resolve and declare:

1. We agree that our organization apply for the training grant under the Workers Organization and 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 are willing to abide by the terms and conditions of the Training Grants embodied in Department Order No. 26 and the Memorandum of Agreement signed between the authorized DOLE representative and that of our organization;
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.

- 1.
- 2.
- 3.
- 4.
- 5.