INSTRUCTIONS: Input the necessary details. Tick appropriate boxes (☒). Indicate N/A if not applicable. **DO NOT ABBREVIATE**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Orientation Briefing** | Select date here | **NEAP Personnel** | Type the personnel who conducted the Orientation Briefing |

1. **OVERVIEW OF THE LEARNING SERVICE PROVIDER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Basic Information** | | | | | | | | | | | | | | | | |
| Classification | | ☐International  ☐LocalSelect the Region. | | | | ☐Individual/Sole Proprietorship  ☐Firm/Partnership/Corporation  ☐Government Institution/Agency | | | | | | | ☐Head Office  ☐Branch OfficePlease specify  ☐Others: Please specify | | | |
| Learning Service Provider | | | | | Type the complete name as stated in the business permit. | | | | | | | | | | | |
| Contact Person 1 | | | Type here. | | | | | Position | | Type here. | | | Mobile No. | | | Type here. |
| Contact Person 2 | | | Type here. | | | | | Position | | Type here. | | | Mobile No. | | | Type here. |
| Complete Office Address | | | | Type here the address including Unit, Number, Street and Subdivision/Barangay. | | | | | | | | | | | | |
| Website (if any) | Type your website here. Facebook page is accepted if you do not have an existing website. | | | | | | | | | | Email Address | | | Please type a valid email address. | | |
| Telephone No. | Type the area code and landline number here. | | | | | | Fax No. | | (Optional) Type your fax number here. | | | Mobile No. | | | Type here. | |

|  |  |
| --- | --- |
| **B. Purpose of the Existence of the Organization** | |
| Vision | Type here. |
| Mission | Type here. |
| Core Values | Type here. |
| **C. Brief History of the Organization** | |
| Type here. | |

**II. LEGAL STATUS, GOVERNANCE AND MANAGEMENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Legal Personality** | | | | | | | | |
| **A1. Individual/Sole Proprietorship** | | | | | | | | |
| BIR 2303 OCN | Type BIR 2303 OCN here. | | | | Business Permit No. | | Type Business Permit No. here. | |
| DTI Registration No. | Type DTI Registration No. here. | | | | Valid Until | | Select date here. | |
| NBI Clearance No. | Type NBI Clearance No. here. | | | | Valid Until | | Select date here. | |
| PRC CPD Accreditation No. | | | Type here. | | Valid Until | | Select date here. | |
| **A2. Firm/Partnership/Corporation** | | | | | | | | |
| SEC Registration No. | | Type SEC Registration No. here. | | | Date of Incorporation | | Select date here. | |
| BIR 2303 OCN | | Type BIR 2303 OCN here. | | | Business Permit No. | | Type Business Permit No. here. | |
| PRC CPD Accreditation No. | | | Type here. | | Valid Until | | Select date here. | |
| **A3. Government Institution/Agency** | | | | | | | | |
| Charter or Republic Act | | | Type Charter or Republic Act here. | | Date Established | | Select date here. | |
| **B. Names of Officers** | | | | | | | | |
| Names | | | | Position | | Area of Specialization | | PRC License (if any) |
| Type here. | | | | Type here. | | Type here | | Type here. |
| Type here. | | | | Type here. | | Type here | | Type here. |
| Type here. | | | | Type here. | | Type here | | Type here. |
| Type here. | | | | Type here. | | Type here | | Type here. |
| Type here. | | | | Type here. | | Type here | | Type here. |
| Type here. | | | | Type here. | | Type here | | Type here. |
| **C. Name of Executive Director or Equivalent** | | | | | | | | |
| Type Complete Name of Executive Director or Equivalent. | | | | | | | | |
| **D. Number of Staff for Current Year**  **☐ Full Time ☐Part Time ☐Project-Based ☐Others:** If Others, please specify | | | | | | | | |

**III. TRACK RECORD OF PROFESSIONAL DEVELOPMENT PROGRAMS/COURSES IMPLEMENTATION**

*(Give at least 5 recent major courses/programs implemented in the last 3 years related to provision of professional development and/or skills training for teachers and school leaders; if any. Please attach program/course completion reports)*

|  |  |  |  |
| --- | --- | --- | --- |
| **A. Professional Development Courses/Programs** | | | |
| Title | Key Experts involved in developing/delivery | Actual Beneficiaries | |
| Type/s | Number |
| 1. Type Professional Development Courses/Programs here. | Type the Key Experts involved in developing/delivery of the Professional Development. | Type the participants who attended the Course/Program. | Type the actual number of participants. |
| 2. Type here. | Type here. | Type here. | Type here. |
| 3. Type here. | Type here. | Type here. | Type there. |
| 4. Type here. | Type here. | Type here. | Type here. |
| 5. Type here. | Type here. | Type here. | Type here. |

|  |
| --- |
| **B. Training Facilities**☐Owned☐Leased/Rented: Valid Until. |

**IV. CONTRIBUTION TO PARTNERSHIP**

*(Give at least 5 Programs/projects partners within the last 3 years if any)*

|  |  |
| --- | --- |
| **Name of the Partner Organization** | **Contribution to the Program/Project** |
| 1. Type Complete name of Partner Organization. | Type what was your contribution to the Program/Project of your partner organization. |
| 2. Type here. | Type here. |
| 3. Type here. | Type here. |
| 4. Type here. | Type here. |
| 5. Type here. | Type here. |

**V. FINANCIAL MANAGEMENT SYSTEM**

|  |  |  |
| --- | --- | --- |
| **A. Key Personnel Involved in the Financial Process** | | |
| Name | | Qualifications/Experience |
| Type complete name of the key personnel. | | Type Qualifications/Experience |
| Type complete name of the key personnel. | | Type Qualifications/Experience |
| Type complete name of the key personnel. | | Type Qualifications/Experience |
| **B. Main Sources of Revenue***(if a new organization, just put the recent one)* | | |
| Year | Source of Revenue | |
| 2019 | Type Source of Revenue here. | |
| 2018 | Type Source of Revenue here. | |
| 2017 | Type Source of Revenue here. | |

**Declaration:**

I hereby declarethe information provided in this application is true and correct and there have been no misleading statements, omission of any relevant facts nor any misinterpretation made.

Sign off by the Executive Director or its equivalent

|  |  |
| --- | --- |
| Executive Director or its equivalent | Type here |
| Signature |  |
| Date | Click here to enter a date. |