

SOCIAL WORK EDUCATION PROJECT (SWEP)

MASTER OF TEACHING IN SOCIAL WORK (MTSW)

Graduate Degree Programme to be carried out in Cotabato City by the
Catholic University of America (CUA)

In partnership with
Community and Family Services International (CFSI)
Bangsamoro Development Agency (BDA)
Cotabato City Polytechnic State College (CCPSC)
Mindanao State University (MSU)-Marawi
Western Mindanao State University (WMSU)

APPLICATION FORM

Please read this advisory carefully before completing your application for admission to the graduate programme leading to a Master in Teaching of Social Work (MTSW) degree from the Catholic University of America (CUA).

General information

- Complete the application form using BLOCK LETTERS, and where required, place a check (✓) in the appropriate boxes.
- Please ensure that the information on your application is complete, that all of the required documentation is included, and that the application is legible. Incomplete or illegible applications will be delayed or rejected.
- Admission is competitive and will also depend upon the availability of resources.

Supporting documentation

You are required to provide documentation in support of this application. If you do not attach all of the documents required by the program, your application may not be considered. The documents you have to provide are:

- Evidence of your residency
- Academic transcripts for your qualifications
- Statement of purpose
- One (1) 2x2 portrait photo
- Curriculum vitae or resume
- Three letters of reference, including one from your direct supervisor

Making inquiries and submitting your application

- Copies of this application form can be downloaded from www.cfsi.ph/SWEP.
- Queries may be addressed to the SWEP Coordinator at CFSI Headquarters in Metro Manila through email SWEP@cfsi.ph; landlines (632) 519-0048 to 50 loc. 103 and 551-1977, and fax 551-2225.
- Completed applications with supporting documentation should be submitted to the SWEP Coordinator at CFSI through SWEP@cfsi.ph or the CFSI Operations Center in Cotabato City. Alternatively, applications can be mailed to CFSI Headquarters at MCC-PO Box 2733, Makati City, Metro Manila, Philippines. Incomplete or illegible applications may be rejected.
- **All applications—submitted electronically, hand delivered, or mailed—should be received by the SWEP Coordinator no later than 5:00 p.m. on or before Wednesday, 22 April 2009.**
- You will be advised of the result of this application by email, mail, text, and/or phone as soon as possible. If admitted, you will be advised on enrolment procedures.

APPLICATION FOR ADMISSION TO MTSW PROGRAMME

Personal Information

Prefix (Mr. /Ms. /Mrs.):

First Name:

Middle Name:

Maiden Name (if applicable):

Last Name:

Sex: Ethnicity:

Birth Date: Birthplace:

Religion:

Current Residential Address and Contact Details

Street Address:

City: Region:

Telephone Number: Mobile Number:

Email:

Mailing Address

Street Address:

City: Region:

Home or Provincial Address

Street Address:

City: Region:

Telephone Number:

Languages

Native Language:..... Language Spoken at Home:

Please specify other languages and describe your skill in parentheses as Fluent, Good or Fair.

Spoken:	Read:	Written:
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Academic History

Primary Education (Elementary/Grade School)

School:

Street Address of the School:

City: Region:

Start: End: Graduation Date:

Secondary Education (High school)

School:

Street Address of the School:

City: Region:

Start: End: Graduation Date:

Tertiary Education (College/Bachelor's degree)

School:

Street Address of the School:

City: Region:

Start: End: Graduation Date:

Degree Earned: Major:

Did you undertake in the past or are you currently enrolled in Graduate or Post-Graduate studies? Yes No

If yes, indicate the graduate or post-graduate degree (specify if completed or units earned), academic institution, and inclusive dates.

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License

Licensure for Social Work

Date Board Exam taken: Exam Site:

Board Exam Passed? (Check one) Yes No

PRC Registration Number: Date Registered:

Employment History

Current Employer

Employer: Position Title:
Street Address:
City and Region: Start Date:.....
Responsibilities:
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Previous Employers

Employer: Position Title:
Street Address:
City and Region: Start Date:..... End Date:.....
Responsibilities:
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Employer: Position Title:
Street Address:
City and Region: Start Date:..... End Date:.....
Responsibilities:
.....

Employer: Position Title:
Street Address:
City and Region: Start Date:..... End Date:.....
Responsibilities:
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Volunteer Experience

Specify the organization/s where you volunteered, indicate the inclusive dates of your involvement, and describe briefly your experience.
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Family Information

Name of Parents (or Spouse if Married):

Home Address:

City: Region:

Home Telephone Number: Mobile Number:

Occupation of Parents (or Spouse if Married):

Employer:

Parents (or Spouse if Married) Office Street Address:

City: Region:

Office Telephone Number:

If Married, Number of Dependents:

Name of Dependent: Age:

Relationship to the Applicant:

Name of Dependent: Age:

Relationship to the Applicant:

Name of Dependent: Age:

Relationship to the Applicant:

Awards or Citations Received

List and describe any awards, citations, or public recognition you have received.

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Other Information

Is there any other information you would like to provide the SWEP Steering Committee? Please note that the SWEP exerts efforts to accommodate students with permanent or temporary disabilities, including but not limited to those in wheelchairs.

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References

Please list three (3) individuals who are not your relatives and will provide written recommendations.

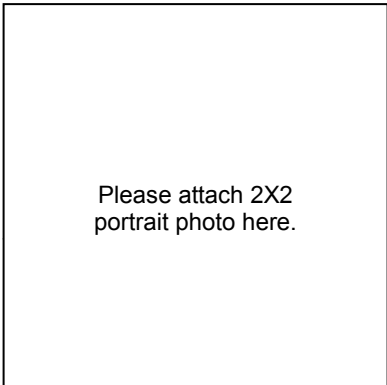
Name:	Title:
Organisation:	
Street Address:	
City:	Region:
Telephone Number:	E-mail:

Name:	Title:
Organisation:	
Street Address:	
City:	Region:
Telephone Number:	E-mail:

Name:	Title:
Organisation:	
Street Address:	
City:	Region:
Telephone Number:	E-mail:

Applicant's Statement

In an essay of 500 to 700 words (typewritten), to be submitted with this application form, state your purpose for undertaking *the Master of Teaching in Social Work Programme* and how it would help you with your work in conflict-affected areas. Include your academic objectives, research interests, and career plans. Discuss your related qualifications, including collegiate, professional, and community activities, and any other substantial accomplishments not already indicated in the application form.



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(Applicant's Signature over Printed Name)

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(Date)

SOCIAL WORK EDUCATION PROJECT (SWEP)
MASTER OF TEACHING IN SOCIAL WORK (MTSW)

LETTER OF REFERENCE

(Instructions: Kindly complete and submit this form in a sealed envelope addressed to the SWEP Coordinator at MCC-PO Box 2733, Makati City, Metro Manila or send it via email to SWEP@cfsi.ph. Thank you.)

Date:

To the SWEP Coordinator:

This letter of reference was prepared in connection with the application of
for admission to the Master of Teaching in Social Work programme under the Social Work Education Project. I understand that the information contained in this letter will be kept in the strictest confidence and used only for the purposes intended.

Name of the Applicant:

Referee's Organization:.....

1. How long have you known the applicant?.....

2. In what capacity?.....

3. How has the applicant performed as an employee in your institution or as a resident of your community? Please include evaluation ratings for the past year or two.

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4. Please comment on the applicant's potential for social work in areas in Mindanao affected by armed conflict.

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5. Do you think that the applicant will be able to fulfill her/his commitment to work in an agency or school located in the conflict-affected areas of Mindanao upon graduation from the programme? Please explain why or why not.

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6. How would you rate the applicant in terms of the following factors? Place a check (√) in the appropriate column.

CRITERIA	RATING				
	Excellent	Above-average	Average	Fair	Not Observed
1. Intellectual Ability					
2. Clarity of Oral Expression					
3. Written Expression					
4. Maturity					
5. Initiative					
6. Emotional Stability					
7. Leadership Ability					
8. Diligence in Study & Work Habits					

7. What particular skills, abilities, and personality traits do you consider to be the applicant's strengths and weaknesses?

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8. What particular concerns, difficulties or constraints of the applicant should we know about? (e.g. financial or family-related concerns)

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I certify that the information contained in this letter of reference is true and correct.

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Signature over Printed Name

Date

Title:

Office Address:

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