



**CHILD PROTECTION NETWORK FOUNDATION, INC.**

Telephone No.: (632) 404 3954 Fax No.: (632) 4043955

E-mail: [info@childprotectionnetwork.org](mailto:info@childprotectionnetwork.org) URL: [www.childprotectionnetwork.org](http://www.childprotectionnetwork.org)

**APPLICATION FORM**

**Please type or print clearly and tick the box of your choice (if appropriate)**

**A. PERSONAL DATA**

TITLE	SURNAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr.			

GENDER	DATE OF BIRTH	AGE	PLACE OF BIRTH	NATIONALITY	MARITAL STATUS
<input type="checkbox"/> Male <input type="checkbox"/> Female	____ / ____ / ____ MM / DD / YY				

**OFFICE ADDRESS**

**PERMANENT ADDRESS**

MOBILE PHONE	TELEPHONE (Home)	TELEPHONE (Office)	FACSIMILE

E-MAIL ADDRESS	NAME & CONTACT INFO OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

**B. ACADEMIC QUALIFICATIONS**

DEGREE (1)	UNIVERSITY	INCLUSIVE YEARS	HONORS, IF ANY
<input type="checkbox"/> BA/BS <input type="checkbox"/> MD <input type="checkbox"/> M/MA/MS SPECIFY : _____			

DEGREE (2)	UNIVERSITY	INCLUSIVE YEARS	HONORS, IF ANY
<input type="checkbox"/> BA/BS <input type="checkbox"/> MD <input type="checkbox"/> M/MA/MS SPECIFY : _____			

DEGREE (3)	UNIVERSITY	INCLUSIVE YEARS	HONORS, IF ANY	
<input type="checkbox"/> BA/BS <input type="checkbox"/> MD <input type="checkbox"/> M/MA/MS SPECIFY : _____				
<b>C. PRESENT EMPLOYMENT</b>				
POSITION / JOB TITLE	NAME OF INSTITUTION		JOB DESCRIPTION	
ADDRESS		TELEPHONE	FAX	INCLUSIVE YEARS
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div data-bbox="219 743 496 787">_____</div> <div data-bbox="883 743 1408 787">_____</div> </div> <p style="text-align: center; margin-top: 5px;">Date signed <span style="margin-left: 300px;">Applicant Printed Name and Signature</span></p>				
<b>D. GENERAL REQUIREMENTS</b>				
<input type="checkbox"/> Application form <input type="checkbox"/> Travel order from sending agency <input type="checkbox"/> Photocopy of Official (Original) Transcript of Records <input type="checkbox"/> A Certified True Copy and one (1) photocopy of Diploma with the University/College seal and signature of the registrar ink <input type="checkbox"/> One (1) copy of curriculum vitae <input type="checkbox"/> Two (2) complete and signed Recommendations (Form CPUNET/CCPS- 001-A). The sealed envelope must be addressed to: The Executive Director, CPU-Net <input type="checkbox"/> Letter of Intent to work in the field of child protection and/or to establish a CPU in home institution <input type="checkbox"/> A photocopy of PRC License/Certificate <input type="checkbox"/> An original and photocopy of NBI clearance <input type="checkbox"/> An original and one (1) photocopy of official receipt of application fee <input type="checkbox"/> Two (2) passport-size pictures			<b>ADDITIONAL REQUIREMENTS FOR FOREIGN APPLICANTS:</b>  <input type="checkbox"/> Affidavit of Support/Certification of Financial Capability in English. <u>If written in another language, these documents must be translated in English.</u>  <input type="checkbox"/> Two (2) photocopies of passport, original to be presented for verification	
<p><b>Submit all application documents to:</b>  <b>CHILD PROTECTION NETWORK FOUNDATION</b></p>				