

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)527-25-37; (02)527-25-35; (02)527-24-59 or write/visit us at 6<sup>th</sup> 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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**(WODP-TRAINING GRANTS)**

**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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**(WODP-TRAINING GRANTS)**

**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**

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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.