

FORM 6 – CHILD DEVELOPMENT WORKER PROFILE

I. Child Development Worker Personal Information

Name: _____ Age: _____ Sex: Male Female
(Last name) (First name) (Middle Name)

Birthday: _____ Religion: _____ Ethnicity: _____

Civil Status: Single Married Separated Widow/Widower Live in

No. Children: _____

Address: _____
(No) (Street) (Subdivision/Barangay)

(City/Municipality) (Province) (Region)

Contact Details:

Home Nos. _____ Office Nos.: _____ Mobile Nos: _____

Fax Number: _____ Email Address: _____

Educational Background:

- | | | |
|--|--|---|
| <input type="checkbox"/> Elem. Undergraduate | <input type="checkbox"/> Elem. Graduate | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> HS Undergraduate | <input type="checkbox"/> HS Graduate | Degree: _____ |
| <input type="checkbox"/> With Masteral Units | <input type="checkbox"/> College Undergraduate | |
| <input type="checkbox"/> Post Graduate | <input type="checkbox"/> Vocational | |

Eligibility:

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> Civil Service Sub-Professional | <input type="checkbox"/> Civil Service Professional | <input type="checkbox"/> None |
| <input type="checkbox"/> Licensure Examination for Teachers | <input type="checkbox"/> Others, pls. specify: _____ | |

II. Work-Related Information

1. Number of Years as Child Development Worker: _____

2. Name of Child Development Center Being Served: _____

3. Monthly Compensation:

- Salary Honoraria Allowance Parents' Monthly Contribution/Pledges

4. Total Amount of Compensation per Month: _____

5. Source of Compensation:

Barangay: Amount: _____ City/Municipal: Amount: _____
 NGOs/NGAs: Amount: _____ Parents : Amount: _____

Others, please specify: _____

6. Terms of Employment:

Plantilla Contract of Service Casual
 Co-Terminus w/ Hiring Authority Voluntary

7. ECCD-Related Trainings:

Title of Training	Inclusive Dates	No. of Hours	Conducted / Sponsored By
1.			
2.			
3.			
4.			

8. Other Courses Attended:

Course _____ Year Completed _____
 Course _____ Year Completed _____

9. Status as a Child Development Worker:

Accredited Not Accredited Accredited but Expired

Date Accredited _____ Accreditation No. _____

Level 1 2 3

III. Working Conditions

1. Total No. of Children Being Served: _____
2. No. of Sessions Conducted per Day: 1 2 3 4
3. No. of Hour/s per session: 1 hr. 2 hrs. 2 ½ 3
4. Age of Children Being Handled:

<input type="checkbox"/>	Below 1 y/o	
<input type="checkbox"/>	1 year old	
<input type="checkbox"/>	2 years old	
<input type="checkbox"/>	3 years old	
<input type="checkbox"/>	4 years old	
5. No. of Hours staying in the Center: 1-2 hrs. 2 ½ - 3 hrs. 4-5 hrs.
 6-7 hrs. 8 hours
6. How sessions are conducted:

<input type="checkbox"/>	With reference materials
<input type="checkbox"/>	Without reference materials

Name in Print

Signature

CDW: _____

Date Conducted: _____