

Republic of the Philippines
CIVIL SERVICE COMMISSION
 Regional Office No. _____

Recent ID Photo
 - Passport size (4.5 cm x 3.5 cm)
 - White background
 - In close-up shot (from shoulder level up with head & face occupying at least 80% of the picture and with name tag at approx. 1" below the chin)
 - In bare face (without eye glasses/colored contact lens/any facial accessory; facial features not computer-enhanced)
 - Showing left and right ears
 - With hand-held & written (not computerized) and legible name tag showing signature over complete printed name in the format FN-MI-LN-EN

CS Form 101-H (Revised, Dec. 2011)
 THIS FORM IS NOT FOR SALE.
 REPRODUCTION IS ALLOWED.

**Application for Grant of Eligibility Pursuant to R.A. No. 7883
 (Barangay Health Worker)**

INSTRUCTIONS: Fill in the required information. **Put "n/a" for items not applicable to you.** Submit this Form, together with the documentary requirements, to the CSC Regional/Field Office concerned. (Note: This Form may be accomplished either handwritten, typewritten, or computer printed, provided that the signature of the applicant should be handwritten. Digital/scanned signature is strictly not allowed.)

1. APPLICANT'S NAME: _____
Last name First name Ext. name Middle name Middle initial

2. MOTHER'S MAIDEN NAME: _____
Last name First name Middle name

3. COMPLETE PERMANENT MAILING ADDRESS: _____
ZIP CODE

4. SEX (M/F): _____ 5. DATE OF BIRTH (mm/dd/yyyy): _____ 6. PLACE OF BIRTH (City/Municipality & Province): _____

7. CIVIL STATUS: Single Married Legally Separated Annulled Widowed Others, specify _____ 8. CITIZENSHIP: _____

9. TEL. NO.: _____ (include area code) 10. CELLULAR PHONE NO.: _____ 11. E-MAIL ADDRESS: _____

12. EDUCATION (Highest Educational Attainment)
 Level of Education: Elementary High School College Master's Doctorate
 Completion: Graduated Not Graduated If not graduated, highest Grade/Year/Level/Units earned: _____
If graduated, date of Graduation/Completion (mm/dd/yyyy): _____ Honors received: _____
 Complete Title of Course/Degree (for college, master's, doctorate): _____ Major: _____
 Name & address of school attended: _____ Inclusive years: _____
(from-to)

13. EMPLOYMENT (Present & Previous):

| Agency/Office | Address | Position/Job Title | Status of Appt./Employment | Inclusive Years <small>(from-to)</small> | Gov't Service? <small>(Yes/No)</small> |
|---------------|---------|--------------------|----------------------------|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

14. Barangay Service Information
 Barangay _____ City/Municipality _____ Province _____

No. of years served as BHW _____ Inclusive dates: From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

15. Other Eligibility/ies: Title of Eligibility 1) _____ Date of Conferment (mm/dd/yyyy) _____
 2) _____

I declare under oath that I **personally** accomplished this Form, and that the information given are true, correct and complete statements pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I understand that any misrepresentation made in this document shall cause the disapproval of my application and/or outright revocation of the eligibility granted without prejudice to the filing of administrative/criminal case/s against me.

Done this _____ day of _____ 20____.

DO NOT FILL BELOW THIS LINE.

Signature over full printed name of the applicant

Subscribed and sworn to before me this _____ day of _____ 20____.

Signature over full printed name of Administering Officer

Office/Position

INDORSEMENT (CSCFO to CSCRO or CSCRO to CSCCO; To be filled up ONLY as applicable):

ENDORISING the application of _____ to CSCRO No. _____ /CSCCO as received by CSCFO- _____ /
 CSCRO No. _____ on _____, for approval and processing of the grant of Barangay Health Worker eligibility.

Signature over full printed name of CSC Field/Regional Director / Date

ACTION TAKEN (for Processors only): Approved Disapproved due to _____ For Compliance

| | |
|---|---|
| <small>(Evaluation Fee)</small> O.R. No.: _____ Date: _____ Amount: _____ Collecting Officer _____ <small>(Evaluation Fee)</small> | <small>(Processing Fee)</small> O.R. No.: _____ Date: _____ Amount: _____ Collecting Officer _____ <small>(Processing Fee)</small> |
| O.R. No.: _____ Date: _____ Amount: _____ Collecting Officer _____ <small>(Evaluation Fee)</small> | O.R. No.: _____ Date: _____ Amount: _____ Collecting Officer _____ <small>(Processing Fee)</small> |

Title of Eligibility _____ Date of Effectivity (mm/dd/yyyy) _____
 Certificate of Eligibility No. _____ Serial No. _____ Remarks _____

 Signature over full printed name of 1st Processor/Date _____ Signature over full printed name of 2nd Processor/Date _____

APPLICATION RECEIPT

Received the application of _____
Last Name First Name Middle Name
 for grant of eligibility under special laws & CSC issuances at CSCRO/FO _____

Signature over full printed name of Receiving Officer/Date

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I. QUALIFICATIONS FOR THE GRANT OF BARANGAY HEALTH WORKER (BHW) ELIGIBILITY

A. Checklist of Qualifications

- 1. Accredited BHW as certified by the Local Health Board and the Barangay Health Worker Registration and Accreditation Committee (accreditation must be on or before the start of the five-year voluntary service)
2. Rendered at least five years of voluntary, continuous and satisfactory service as an accredited BHW to the community as certified by the Local Health Board
Specify inclusive dates: From (mm/dd/yyyy) To (mm/dd/yyyy)
3. Completed at least two years of college education leading to a college degree
4. Name of applicant is included in the corresponding DOH-issued Registry of Accredited BHW

B. Evaluation on Qualifications for the Grant of Eligibility

- Qualified (all qualifications set are met). Application for approval.
Not qualified. Application for disapproval. Specify qualification/s not met

II. DOCUMENTARY REQUIREMENTS FOR SUBMISSION (To be accomplished only for qualified applications; Put asterisk (*) for lacking items and/or "n/a" for items not applicable)

A. Checklist of GENERAL REQUIREMENTS:

- 1. Properly accomplished CS Form 101-H, Revised Dec. 2011 (all fields properly filled out, with "n/a" indicated in all fields not applicable to the applicant)
2. Three (3) pieces of identical, recent I.D. pictures with the following specifications:
Passport size (4.5 cm x 3.5 cm)
In white background
Printed on quality photo paper
In bare face (without eye glasses/colored contact lens/any facial accessory; facial features not computer-enhanced)
Showing left and right ears
In standard close-up shot (from shoulder level up with head and face occupying at least 80% of the picture and with the name tag positioned at approximately 1" below the chin)
With handheld and written (not computerized), and legible name tag showing signature over complete printed name in the format First Name-Middle Initial-Last Name-Extension Name
NOTE: DO NOT ACCEPT I.D. PICTURE IF NOT WITH ALL OF THE ABOVE SPECIFICATIONS.
3. Original and photocopy of any of the following I.D. cards, which must be valid (not expired) upon filing of application, and bears the applicant's name, picture and signature, and the issuing officer's name and signature (NOTE: Any other I.D. card NOT included in the list shall NOT be accepted. Circle the I.D. card/s submitted by the applicant):
Current Office/Company I.D.
School I.D. (must be duly validated for the current school year)
Passport (with signature of the applicant)
BIR I.D. (ATM type/laminated card with picture type)
Police clearance (with picture)
GSIS UMID
SSS I.D.
PRC License
Driver's License
PhilHealth I.D. (ATM type)
Voter's I.D.
Postal I.D.
Barangay I.D.
4. Original and photocopy of Birth Certificate of the applicant authenticated/issued by the NSO (Note: In case the NSO Birth Certificate is not legible, or the NSO has duly issued a Negative Certification of Birth (NSO CRS Form No. 1) printed in NSO security form, the applicant shall, in addition, submit the original and photocopy of his/her Birth Certificate authenticated/issued by the Local Civil Registrar.)
5. For female married applicants, original and photocopy of Marriage Certificate authenticated/issued by the NSO (Note: In case the NSO Marriage Certificate is not legible, the applicant shall, in addition, submit the original and photocopy of his/her Marriage Certificate authenticated/issued by the Local Civil Registrar.)
6. If filing of application is through a representative:
Authorization letter executed by the applicant; and
Original and photocopy of one (1) valid I.D. card of the representative.

B. Checklist of SPECIFIC REQUIREMENTS: BHW Eligibility

- 7. School certificate or transcript of record [applicant must have completed at least two (2) years of college education leading to a college degree]
8. Certificate of Accreditation issued and signed by the chairman or authorized official of the Barangay Health Worker Registration and Accreditation Committee and of the Local Health Board (the Certificate of Accreditation must have been issued on or before the start of the five-year voluntary service)
9. Certification of at least five (5) years of continuous and satisfactory service as an accredited BHW issued by the Local Health Board
10. Notarized Affidavit stating that the BHW was not employed in the government during his/her service requirement, and that he/she did not receive any form of salary/compensation, except honorarium, during his/her service requirement
11. Authenticated/certified copy of Annual Accomplishment Reports
12. Original/authenticated and dry-sealed Registry of Accredited BHW issued by DOH (agency to agency concern; to be submitted by DOH to CSCRO)

C. Evaluation on Documentary Requirements Submitted

- Complete documents.
Incomplete/lacking documents. See items in the above checklist/s marked with asterisk (*) for compliance.
Incorrect documents. Specify deficiency/ies
Specify requisite/s to address the deficiency/ies
Data on documents with discrepancy/ies.
Specify discrepancy/ies
Specify requisite/s to address the discrepancy/ies

Signature over full printed name of 1st Processor
Date Position

Signature over full printed name of 2nd Processor
Date Position

CERTIFICATION (To be accomplished only for qualified applicants with complete documents):

We certify that we have reviewed the qualifications and all the documentary requirements submitted by on his/her application for grant of the BHW eligibility, and found the same to be complete and in order.

Signature over full printed name of 1st Processor
Date Position

Signature over full printed name of 2nd Processor
Date Position

CERTIFICATION (To be accomplished only upon submission of ALL documents for compliance/requisites addressing deficiencies and/or discrepancies):

We certify that has submitted on the marked documents for compliance/requisites addressing marked deficiencies and/or discrepancies. We further certify to have reviewed the complied documents/requisites and found the same to be satisfactory and in order.

Signature over full printed name of 1st Processor
Date Position

Signature over full printed name of 2nd Processor
Date Position

CSC Regional Office No. may be reached at the following contact numbers:

Telephone :
Cellular :
Fax :
E-mail add :
Contact Person :

CSC Field Office may be reached at the following contact numbers:

Telephone :
Cellular :
Fax :
E-mail add :
Contact Person :