

ANNEX P
PROFILE OF DISPLACED WORKERS (FORMAL SECTOR WORKERS)

Informal S. Form No. 1 Jan. 2014	Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT Aklan Field Office (Field Office/Regional Office)	Page 1 of 1
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- Instructions:
1. Accomplish this form when profiling displaced workers (informal sector) due to calamities or armed conflicts.
 2. Respondent can be any responsible member of the household with his/her line number encircled.
 3. If the last name is similar with the first member, it can be replaced with underline then the first name.
 4. Please refer to the codes below for the 5th to 8th columns.

GENERAL INFORMATION

NAME OF RESPONDENT: _____

ADDRESS 1 (Street/Barangay): _____

ADDRESS 2 (City/Municipality): _____

ADDRESS 3 (Province): _____

HOUSEHOLD CONTROL NUMBER: _____

PROFILE OF DISPLACED INFORMAL SECTOR WORKERS AFFECTED BY _____

Line Number	Household Member (with lost livelihood) Last Name, First Name, M.I.	Sex 1-Male 2-Female	Age as of Last Birthday	Type of Livelihood (Use Code)	Status of Livelihood (Use Code)	Skills (Use Code)	Intervention/s Needed	
							Immediate (Use Code)	Post-Displacement (Use Code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Code for Types of Livelihood (Col. 5) 1- Crop Growing 2- Fishing 3- Homebased Work 4- Livestock/Poultry Raising 5- Servicing 6- Alternative Transporting 7- Vending 8- Others (Pls. specify)	Code for Status of Livelihood (Col. 6) 1- Severely affected/damaged 2- Slightly affected/damaged Code for Immediate Intervention/s Needed (Col. 8) 1- Emergency employment 2- Others (Pls. specify) Code for Post-Displacement Intervention/s Needed (Col. 9) 1- Livelihood 2- Training (Skills, Entrepreneurship) 3- Job Referral 4- Others (Pls. specify)	Code for Skills (Col. 7) 1- Construction/Carpentry 2- Farming 3- Fishing 4- Vulcanizing/Welding 5- Cosmetology 6- Tailoring/Dressmaking 7- Computer 8- Performing Arts 9- Handiman 10- Others (Please specify)
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CERTIFICATION

Name of Respondent: _____ Tel. Number/s: _____

Signature: _____

Interviewed by:

Name: _____

Signature: _____ **Date Interviewed:** _____