



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VII, Central Visayas
SCHOOLS DIVISION OF NEGROS ORIENTAL
Capitol Area, Dumaguete City

January 15, 2018

DIVISION MEMORANDUM

No. 40; s. 2018

BSP ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS

TO:

- : CID & SGOD Chiefs
- : Division Education Program Supervisors / Education Program Specialists
- : District Supervisors / Districts In-Charge
- : Teaching / Non-Teaching Personnel

1. Attached is the information letter from the BSP Negros Oriental-Siquijor Council, relative to the conduct of the **BSP Advanced Training Course for leaders of Adults**.
2. For the detailed information please see attached BSP Regional Memorandum No.02 s. 2018.
3. Registration, Traveling and other incidental expenses are chargeable against School MOOE/ Local Funds or any available source subject to the usual accounting rules and regulations.
4. Wide dissemination of this Memorandum is desired.

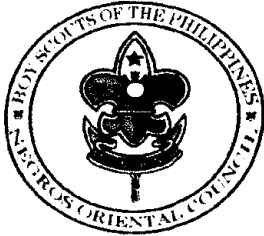
SALUSTIANO T. JIMENEZ, CESO VI
OIC, Assistant Regional Director
Concurrent OIC, Schools Division Superintendent
1/15/18

EPA 2017 : Karapatan ng Lahat, Pananagutan ng Lahat

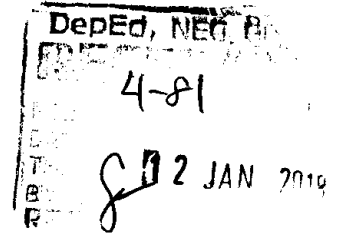
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Boy Scouts of the Philippines
NEGROS ORIENTAL – SIQUIJOR COUNCIL
Kagawasan Avenue, Capitol Area
Dumaguete City
Tel. No. (035) 422-635
Email: bsp.negor1950@gmail.com



January 10, 2018

SUPT. SALUSTIANO T. JIMENEZ, CESO VI
Schools Division Superintendent
Dep. Ed., Division of Negros Oriental
Dumaguete City

Dear Supt. Jimenez,

Herewith attached is the Boy Scouts of the Philippines Eastern Visayas Regional Memorandum No. 02, Series of 2018 dated January 5, 2018 for your information and guidance.

Thank you very much.

Scoutingly yours,


ANTONIO A. ALCANTARA
Council Chairman



Republic of the Philippines

Boy Scouts of the Philippines

Eastern Visayas Region

Capitol Hills Scout Camp

6000 Cebu City

Email Address: bspvisayasregions@yahoo.com

Facebook: <https://www.facebook.com/visayas.regions>

Website: www.scouts.org.ph

Telephone Number: (032) 255 5996

05 January 2018

REGIONAL MEMORANDUM

No. 02 s. 2018

TO : All Council Scout Executives and Officers-in-Charge

SUBJECT : **ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS**

NEGROS ORIENTAL COUNCIL #
RECEIVED BY: *[Signature]*
DATE RECEIVED: *11/01/18*

1. This is to announce the conduct of the Advanced Training Course (Woodbadge) for Leaders of Adults, details of which are as follows:
 - a. **ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS**
Date : January 23-28, 2018
Host : Cebu Council
Venue : Roxas Park, Garcia-Hernandez, Bohol
 - b. **ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS**
Date : February 20-25, 2018
Venue : Palale Elementary School, MacArthur, Leyte
Host : Leyte Council
2. Participants to this training are graduates of the Basic Training Course, currently registered with his/her unit, and Physically fit with duly accomplished Physical Examination Form.
3. Registration Fee: A registration fee of **SIX THOUSAND PESOS ONLY (Php6,000.00)** shall be charged to each participants to defray cost of meals, snacks, handouts, T-shirt, materials/supplies and other administrative expenses. (Dinner will be served a day before the start of the Course).
4. Application for Participation must be fully accomplished with proper endorsement by the Council Scout Executive and must be reach at Regional Office 15 days before the start of the course
5. The registration fee, transportation and other incidental expenses shall be chargeable against local funds/MOOE, subject to its availability and the usual accounting and auditing rules and regulations.
6. Should you have queries, you may refer them to RFSE Salvio Quicho, at (032) 255-5996 or 09498838976 or via mail salvio.quicho@yahoo.com
7. For information, wide dissemination and compliance.

BIENVENIDO B. TOLEDO

Regional Scout Director

Enclosed: Application to Attend
Medical Form
Checklist what to bring

BOY SCOUTS OF THE PHILIPPINES
NATIONAL OFFICE
Manila

APPLICATION TO ATTEND

ADVANCED TRAINING COURSE (ATC)
COURSE FOR MANAGERS OF LEARNING (CML)
COURSE FOR MANAGERS OF TRAINING (CMT)

Title and Course No.	Date	Venue	
Host: National/Region/Council			
Name: _____ (Surname)	_____	_____	Nickname _____ (Middle Name)
Mailing Address: _____			
E-mail: _____	CP _____	Tel # _____	Fax # _____
Date of Birth: _____	Age _____	Place of Birth: _____	
Civil Status: _____	Religion: _____	Occupation: _____	
Business Address: _____			
Scouting Position: _____		Unit & No. _____	
Registration Status: Expiry Date _____		Cert. No. _____	
Training Certificates received to qualify you to attend this course:			
For ATC: Phase 3 Completion Cert. No. _____		Date issued: _____	
or BTC Completion Cert. No. _____		Date issued: _____	
For CML: Wood Badge Cert. _____		Date issued: _____	
For CMT: CML Course No. _____		Date issued: _____	
or CALT Course No. _____		Date issued: _____	
Date filed _____		Signature of Applicant _____	

LOCAL COUNCIL OFFICE ACTION

After verification of the above information, we hereby recommend the acceptance of the above-named Scouter to attend the aforementioned course.

Recommending Acceptance:

Endorsed:

Deputy Council Scout Commissioner for Training

Scout Executive/OIC

Date

REGIONAL OFFICE ACTION

Verified:

By: _____

Date: _____

Approved: _____
Regional Scout Director

NATIONAL OFFICE ACTION

Processed:

By: _____

Date: _____

Noted: _____

Director

Program & Adult Resources Development

MEDICAL EXAMINATION FORM

Last Name _____, First Name _____ Middle Initial _____ Sex _____ Age _____ Civil Status _____

Mailing Address _____ Date of Birth _____ Place of Birth _____

Next of Kin (Relationship) _____ Address _____ Tel. No. _____

Date of Examination _____ Purpose of Examination _____

Clinical Evaluation

Physician's Findings _____ Describe abnormality in detail
 Normal: Abnormal: _____ Enter pertinent number for every comment

- | | |
|--|-----------------------|
| | 1. Eyes |
| | 2. Ears |
| | 3. Nose |
| | 4. Throat |
| | 5. Teeth |
| | 6. Lungs |
| | 7. Heart |
| | 8. Abdomen |
| | 9. Genitalia |
| | 10. Posture |
| | 11. Extremities |
| | 12. Skin |
| | 13. Identifying Marks |

Measurements and other Findings

Weight _____ Height: _____ Color of Hair: _____ Color of Eyes: _____
 Blood Pressure (Sitting) Systolic: _____ Diastolic: _____
 Vision: Distant vision : Right _____ Left _____
 Near vision : Right _____ Left _____
 Hearing: (ears) : Right _____ Left _____
 Past Medical History : Serious diseases, operations, injury, etc.

Laboratory Findings

Blood Examination : Type _____ etc. _____
 Urinalysis : Albumin _____ Sugar _____ Microscopic _____
 Chest X-ray : Date Taken _____ Results _____
 Electrocardiogram : Date taken _____ Results _____
 Other Tests : _____

REMARKS & RECOMMENDATION

Signature of Examinee _____

Medical Examiner _____
 License No. _____

ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS

WHAT TO BRING: Participants must bring with them the following items:

- Current Membership Card
- Two (2) sets of Type "A" Scout Uniform
 - a. Male – Type A Polo and Long Pants
 - b. Female – Type A Polo and Skirt with Flap and Stockings
- Black Leather Shoes with shoe strings (Low cut for men and women)
- BSP Belt and Buckle
- BSP Neckerchief with Carabao slide
- Activity Short/Sports wear
- Casual Clothing
- Attire for Socials
- Personal Accessories
- Tent
- Sleeping Bag
- Rubber shoes
- Raincoat
- Blanket/Malong
- Flashlight
- White Handkerchief