

Republic of the Philippines
Department of Education
Region VII, Central Visayas



## **DIVISION OF CEBU PROVINCE**

Sudion, Lahug, Cebu City

November 5, 2015

**Division Memorandum** No. 7 6 s. 2015

#### **REGIONAL TRAINING SCHOOL 2015**

To: Division Field Commissioners
District/School Commissioners
Secondary School Commissioners
Heads, Private Elementary and Secondary Schools

- 1. Attached is a communication from Girl Scouts of the Philippines (GSP) Cebu Council dated October 8, 2015, inviting the field to the Regional Training School 2015 on November 12-25, 2015 at the Marina Yulo-Vargas Regional Program and Training Center (MYVRPTC), Capitol Hills, Cebu City, for the information and guidance of all concerned.
- 2. Registration fee, travelling and other incidental expenses incurred in connection to the participation to this activity shall be chargeable against **Personal/Solicited/Special Education (SEF) Funds**, subject to its availability and the usual accounting and auditing rules and regulations.
- 3. For more details, refer to the attached communication.
- 4. This Memorandum serves as "Authority to Travel" to participants.

5. Immediate and wide dissemination of this Memorandum is desired.

ARBEN D MONISIT, Ed.D. Schools Division Superintendent October 8, 2015

DR. ARDEN D. MONISIT
Schools Division Superintendent
Department of Education
Cebu Province Division

Dear Dr. Monisit:

This is to invite you to send participants to the Regional Training School 2015 which will be held at MYVRPTC "Camp Marina", Cebu City on November 12 - 25, 2015 with the following courses offered:

Course	Date	Fee
Age Level	November 12 - 15, 2015	P 2,800.00
Camper's Permit	November 12 - 15, 2015	2,800.00
Financial Management	November 17 - 19, 2015	2,100.00
Seminar/Workshop for Media	November 17 - 19, 2015	2,100.00
Officers in the Region & Councils	<b>3</b>	
Training for Trainers	November 21 - 25, 2015	3,500.00
Camp Management	November 21 - 25, 2015	3,500.00

#### Things to bring:

- 2 sets of new business uniform
- Alternate uniform
- Closed Black Shoes
- Semi-formal dress
- Jogging/physical fitness outfit
- Rubber shoes, slippers
- Sit-upon
- Toiletries, towels

- Flashlight, first aid kit
- Personal medicine
- Writing materials, references
- Shoeshine kit
- Ground sheet, bedroll, knife & camp hat (for camper's permit)
- Scrapbook and Art Materials
- Camera (Optional)

We encourage your Division to send participants to all the courses so that our volunteers will be aware of their functions in their schools/districts and also we can develop/produce more trainers who can help the council improve the many facets of the training program.

Attached are the following:

-Participants Information Sheet

-Participants Health Forms

We do hope you can send participants to this event from your division.

We truly appreciate your support which strengthens our concerted effort to maintain quality Girl Scouting program both for the girls and adult members..

Sincerely yours,

JO ANN MARIE P. JAYME

**Council Executive** 

CC: Mrs. Jane O. Gurrea

**Division Scouting Coordinator** 

## Girl Scouts of the Philippines National Headquarters Manila

Froop No Counc			
Girl Region Adult Course			
	-mbu		
INFORMATION	SHEET		
Name (Please Print)			
Last First		M.I.	Nickname
Date of Birth	Age	Civil S	tatus
Month Day Year		<del></del>	
Home Address			
		Telephone	Numbe
Business Address			
Business Address	elephone N	Number r	
Educational Attainment			
Present Occupation			
Person to Contact in Case of Emergency			
Relationship T	elephone N	lumber	
-	e <del>lep</del> hone N	lumber	
-	elephone N	lumber	
Address  Present position/s in Girl Scouting			
Address			
Address  Present position/s in Girl Scouting			
Address  Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth  Girl Scout		ations. (Please che	
Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth		ations. (Please che	
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Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth  Girl Scout  Troop Leader	er Organiza	ations. (Please che Year	
Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth  Girl Scout Troop Leader  Twinkler Star Senior	er Organiza	ations. (Please che Year	
Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth  Girl Scout  Troop Leader  Star Senior  Trainer	er Organiza	ations. (Please che Year	
Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth  Girl Scout Troop Leader  Twinkler Star Senior  Trainer Council Board Member	er Organiza	ations. (Please che Year	
Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth  Girl Scout Troop Leader  Twinkler Junior Star Senior  Trainer Council Board Member Standing Committee Member	er Organiza	ations. (Please che Year	
Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth  Girl Scout Troop Leader  Twinkler Star Senior  Trainer Council Board Member Standing Committee Member District Field Adviser	er Organiza	ations. (Please che Year	
Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth  Girl Scout Troop Leader  Twinkler Star Senior  Trainer Council Board Member Standing Committee Member District Field Adviser District Committee Member	er Organiza	ations. (Please che Year	
Present position/s in Girl Scouting  1. Volunteer Activities/Involvements in GSP and Oth  Girl Scout Troop Leader  Twinkler Star Senior  Trainer Council Board Member Standing Committee Member District Field Adviser	er Organiza	ations. (Please che Year	

# 2. Girl Scouting Training Courses Taken. (Please check)

Year Tak	en	Year Taken
Orientation to Girl Scouting	Quartermasters' Course	
Basic Course	Star Holiday Course	
Specialization Course	Training for Trainers	
Outdoor Course	Trainers Update	
Troop Leadership Course	GS Office Management	
Badgework Wortshop	Council Administration	
Campers Permit Course		
Camp Management Course		
. Qualification/Credentials earned. (Please	e check)	
Year Earne	ed	. <b></b>
Campcraft	OM Certificate	
Camper's Permit	Trainer's Credentials	
Camper's License	Specialist Trainer	
Star Holiday Permit	Trainer's Diploma	
i. Scholarships/Awards Received in Girl Sco	Place outing/Others	Year Year
		· · · · · · · · · · · · · · · · · · ·
5. Special Interests		
7. Special Abilities/Skills		
. Food Prohibition/Restriction		
Grandura	Dorto	

# GIRL SCOUTS OF THE PHILIPPINES NATIONAL HEADQUARTERS MANILA

# HEALTH EXAMINATION FORM

Name		Rirth Dato
Surname	First	Birth Date
Parent Guardian		Phone
Home Address		1 HORSE
	Street & Number	Town/City Province
In case of emergency notify	ŗ	* * * * * * * * * * * * * * * * * * * *
Address		Phone
HEALTH HISTORY: (check	Olyling owners in the	
Frequent Colds	Kidney Troubl	e Chickenpox
Abscessed Ears	Convulsion	Mumps
Fainting	Slage Manage	womps
Error C =	Oleeb Assiziud	Whooping Cough
rrequent Sore Throats		Measies
Sinusitis		Heart Trouble
Bronchitis		Phoenical
Stomach Uncot		Rheumatic Fever
owners obset		Athlete's Foot
Constipation	The second secon	Tuberculosis
Operations or serious injuries		Diabetes
Allergic Reactions:		
		Other Drugs
Details of above or additional	information	Other Drugs
	nnonnation;	
iny specific activites to be enco	ouraged?	
Re	stricted?	
IMPORTANT : Ple	ase notify the camp if this app	olicant is exposed to any
ommunicable disease during	the three weeks prior to camp	attendance.
uggestions fron Parent/Guard	dian	
•		
		: in case of Surgical Emergency : I hereby give permission to the physician
		selected by the camp director to hospitalize.
		secure pnor treatment for, and to order
		injection, anesthesia or surgery for my
		daughter as named above.
		Signature

## PHYSICAL EXAMINATION - to be filled out by licensed physician

Code V - Satisfactory
X - Not Satisfactory (explain)

			Circulatory System	Blood
				Analysis
Veight			Urinalysis	
Eyes			Loco-motor System	
Eye glasses	5		Nervous System	
Ears			Skin	
Nose			Allergy - Please sp	ecify
Throat		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Teeth		2.00		
Heart			General Appraisal	
Lungs			Menstrual History	
Abdomen			<del></del>	
•	Genitalia			
	Kemia		<del></del>	
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Recommen	dations and restrictions	diet, medicine, swimm	ning, diving, etc.)	
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mmunizatio	ons:			
				,
D.P.T.Serie	s Booster	<b>Da</b> te	Tetanus Booster	Date
D.P.T Serie Typhoid Sei	s Booster	Date	Tetanus Booster (if requires by camp)	Date
D.P.T Serie Typhoid Sei	s Booster	Date	<del></del>	Date
D.P.T Serie Typhoid Sei	s Booster ries Booster	Date	(if requires by camp)	Date
D.P.T Serie Typhoid Sei	s Booster ries Booster	Date	(if requires by camp)	Date
D.P.T.Serie Typhoid Sei	s Booster ries Booster	Date	(if requires by camp)	Date
D.P.T Serie Typhoid Sei	s Booster ries Booster	Date	(if requires by camp)	Date
D.P.T.Serie Typhoid Sei	s Booster ries Booster	Date	(if requires by camp)	Date
D.P.T Serie Typhoid Sei	s Booster ries Booster	Date	(if requires by camp)  Date	Date
Immunizatio D.P.T Serie Typhoid Sei Small Pox	s Booster ries Booster	Date	(if requires by camp)  Date	
D.P.T.Serie Typhoid Sei	s Booster ries Booster	Date	(if requires by camp)  Date	
D.P.T Serie Typhoid Sei	s Booster ries Booster	Date	(if requires by camp)  Date	
D.P.T Serie Typhoid Sei Small Pox	s Booster ries Booster	Date	(if requires by camp)  Date	
D.P.T.Serie Typhoid Sei	s Booster ries Booster	Date	(if requires by camp)  Date	