



Republic of the Philippines

**Department of Education**  
**Region VII – Central Visayas**  
**Schools Division of CEBU PROVINCE**

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**Office of the Schools Division Superintendent**

June 26, 2023

DIVISION MEMORANDUM

No. 234 s. 2023

**ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS**

To: Assistant Schools Division Superintendents  
Chiefs, CID AND SGOD  
Public Schools District Supervisors/OICs  
School Heads and Teachers  
All Others Concerned

1. Attached is Regional Memorandum No. 0399, s. 2023 dated June 22, 2023 which announces the conduct of the Boy Scouts of the Philippines re **Advanced Training Course for Leaders of Adults** on August 3-8, 2023 at Maasin City National High School, Maasin City.
2. Immediate dissemination of this Memorandum is desired.

**For:**

**SENEN PRESCILO P. PAULIN, CESO V**  
Schools Division Superintendent

**JEREMY C. DENAMPO, JD**  
Administrative Officer V

GSM/SGOD/SDS/2022

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Republic of the Philippines  
**Department of Education**  
REGION VII - CENTRAL VISAYAS

**Office of the Regional Director**

JUN 22 2023

REGIONAL MEMORANDUM

No. **0399**, s. 2023

**ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS**

To : Schools Division Superintendents  
Assistant Schools Division Superintendents  
All Others Concerned

1. Attached is a Regional Memorandum #09 s. 2023 from **SALVIO B. QUICHO**, Boy Scouts of the Philippines, Acting Regional Scout Director re **ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS** on August 3 - 8, 2023 at Maasin City National High School, Maasin City.
2. In this connection, all Council Executives and Officer -in-Charge are encouraged to support the said activity.
3. All expenses incurred by the participants shall be charged against the local funds/MOOE/SEF, subject to its availability and the usual accounting and auditing procedures.
4. DepEd personnel/employees are authorized to claim compensatory time credits/off (CTO) or service credits.
5. Immediate dissemination of this Memorandum is desired.

  
**SALUSTIANO T. JIMENEZ JD, EdD, CESO V**  
Director IV  
Regional Director

End.: As stated  
STJ/FYA/MLB/FTAD/apv



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Republic of the Philippines

## Boy Scouts of the Philippines

Eastern Visayas Region

Capitol Hills Scout Camp

6000 Cebu City

Email Address: [bsp.evr@scouts.org.ph](mailto:bsp.evr@scouts.org.ph)

Facebook: [www.facebook.com/BSPEasternVisayas](https://www.facebook.com/BSPEasternVisayas)

Website: [www.scouts.org.ph](http://www.scouts.org.ph)

Telephone Number: (032) 255 5996

6 June 2023


### REGIONAL MEMORANDUM

No. 09 s. 2023

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

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

1. The Boy Scouts of the Philippines, Eastern Visayas Region is pleased to announce the conduct of **Advanced Training Course for Leaders of Adults on August 3-8, 2023 at Maasin City National High School, Maasin City.**
2. Participants to this training are graduates of the Basic Training Course for Leaders of Adults, Troop Leaders and/or Kawan Leaders and have been promoted and currently holding the position as School Administrator/Principals/Supervisors. Currently registered with the BSP, physically fit with duly accomplished Physical Examination Form.
3. Registration Fee: A registration fee of **EIGHT THOUSAND PESOS ONLY (Php8,000.00)** shall be charged to each participant to defray cost of meals, snacks, handouts, T-shirt, materials/supplies, Wood Badge Tokens (Neckerchief, Woggle, Beads) 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 20 days before the start of the course. The course will be cancelled if total participants will not reach 32.
5. The registration fee, transportation and other incidental expense on this travel shall be chargeable against **scouting funds/local funds/MOOE/SEF**, subject to its availability and the usual accounting and auditing rules and regulations.
6. Reporting Date: Participants are requested to report promptly at the training venue on August 2, 2023 at 5:00 P.M. for registration and briefing.
7. Should you have queries, you may refer them to CSE Christopher Roa at 09178780103, or Regional Office via mail [bsp.evr@scouts.org.ph](mailto:bsp.evr@scouts.org.ph)
8. For information, wide dissemination and compliance.

  
SALVIO B. QUICHO  
Officer-in-Charge

Regional Coordination Office-Eastern Visayas

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: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Surname) (Given Name) (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 or  
Training Assignment Cert. No. \_\_\_\_\_ Date issued: \_\_\_\_\_

For CML: Wood Badge Cert. \_\_\_\_\_ Date issued: \_\_\_\_\_

For CMT: Assistant Leader Trainer Cert. 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  
Enter pertinent number for every comment

Normal: Abnormal:

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) set 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