



Republic of the Philippines
Department of Education
Region VII – Central Visayas
Schools Division of CEBU PROVINCE

Office of the Schools Division Superintendent

August 30, 2023

DIVISION MEMORANDUM
No. 360, s. 2023

**SEMINAR-WORKSHOP ON GAD-BASED YOUTH DEVELOPMENT PROGRAM
(MATATAG STUDENT LEADERSHIP PROGRAM IN COLLABORATION WITH RAFI)**

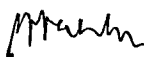
To: Assistant Schools Division Superintendent
Chief, CID and SGOD
Public Schools District Supervisors/District-in-Charge
Heads, Secondary Schools
District SSLG Teacher-Advisers
All Others Concerned

1. This office hereby announces the conduct of **Seminar-Workshop on GAD-Based Youth Development Program** on September 6-8, 2023 at Kool Adventure Camp, Center for Leaders, Balamban, Cebu.
2. This three-day in-person/ face-to-face learning experiences aims to gather student-leaders to equip themselves and their team as leaders of the division with skills to initiate and implement change projects contributing to nation-building.
3. Specifically, by the end of this program, the participants will be able to:
 - a. understands deeply of self and team;
 - b. manage diversity as a team;
 - c. shift from problem-centric to solution-centered; and
 - d. quickly adapts different situations.
4. The output of this program is to come up with an initial action plan for their school/district as the SSLG President for SY 2023-2024.
5. The participants of this three-day program are the **Division Federated Teacher Adviser Officers, and all SSLG District Presidents** (See *Enclosure 1*). Considering that there are teachers and learners who will be participating on this activity, School Heads are expected to make arrangement to ensure that no classes are disrupted due to the participation of teachers. Furthermore, learner should be given make-up activities to ensure that their participation must not be disadvantageous to them and to ensure that their academic performance must not be adherently affected.
6. All participants are required to fill-out the Form M-1 of RAFI. (See *Enclosure 2*)



Address: IPHO Bldg., Sudlon, Lahug, Cebu City
Telephone Nos.: (032)255-6405
Email Address: cebu.province@deped.gov.ph
Website: www.depedcebuprovince.com

7. Registration fee, accommodation, materials, meals and snacks and other expenses incurred of the participants shall be charged against **GAD funds**, while travel and other incidental expenses incurred by the participants shall be charged against the **School MOOE/local funds/SEF funds**, all are subject to their availability and the usual accounting and auditing rules and regulations.
8. This Memorandum serves as **Authority to Travel** for all participants and the members of Program Management Team.
9. For questions or clarifications, please contact Niñaly A. Gesim or Mark J. Alquizola at (032) 424 – 9000 local 105.
10. Immediate dissemination of and compliance with this Memorandum are desired.


SENEN PRISCILO P. PAULIN, CESO V
Schools Division Superintendent ✓

ssp/sgod/gsb/nag



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Enclosure 1

**SEMINAR-WORKSHOP ON GAD-BASED YOUTH DEVELOPMENT PROGRAM
(MATATAG STUDENT LEADERSHIP PROGRAM IN COLLABORATION WITH RAFI)**

**September 6-8, 2023
Kool Adventure Camp, Center for Leaders
Balamban, Cebu**

List of Participants

Name	Position
VIOLETA S. ROSACENA	President, Division Federated SSLG
JESSA D. TORING	Vice President, Division Federated SSLG
MARIA LORENA L. CAUSIN	Secretary, Division Federated SSLG
JESSIVIE G. LAURON	Treasurer, Division Federated SSLG
JAN LEE N. DAMALERIO	Auditor, Division Federated SSLG
RODEZA M. OCHEA	Public Information Officer, Division Federated SSLG
DOMINIC L. VALPARAISO	Protocol Officer, Division Federated SSLG
All SSLG District Presidents	



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CONFIDENTIAL
FORM M-1 (17 years old and below)

DATA PRIVACY NOTICE AND CONSENT FORM

To ensure that your rights as Data Subjects are secured under RA 10173 (Data Privacy Act of 2012), RAFI – CENTER FOR LEADERS (CFL), registered as KOOL ADVENTURE CAMP INC. (KAC) with the Securities and Exchange Commission, has implemented reasonable and appropriate organizational, physical, and technical measures intended to protect your personal and/or sensitive information against any unauthorized, accidental, and/or unlawful processing under the following terms and conditions:

I. PERSONAL INFORMATION AND SENSITIVE INFORMATION TO BE PROCESSED

The type of personal information or sensitive personal information which CFL may collect either directly or indirectly in relation to your participation in a course shall include, among others, the following personal and sensitive personal information:

- | | | |
|------------------------|----------------------------------|-----------------|
| 1. Complete Name | 7. Special Food Restrictions | 13. Photo/Media |
| 2. Home Address | 8. Contact Number | |
| 3. Date of Birth / Age | 9. Email Address | |
| 4. Gender | 10. Emergency Contacts | |
| 5. Weight | 11. Personal Medical Declaration | |
| 6. Blood Type | 12. Medical Fitness Assessment | |

RAFI – CENTER FOR LEADERS collects the above information thru the hard copy of CFL Course Registration Form (CRF) and the CRF Online Application. Upon collection, as a Data Subject, you have the right to be informed that your personal data will be, are being, or were collected and processed.

II. PURPOSE OF THE PROCESSING OF INFORMATION

Any and all processing of personal data related to your course participation shall be made for a legal purpose and/or pursuant to a legal obligation under applicable laws taking into consideration appropriate security measures to ensure the confidentiality and/or integrity of the personal data involved.

Any and all personal information related to you which may come into CFL's possession and/or control during the processing of your Course Registration Form shall be used for the following purposes:

- a. Processing your course participation shall be based on the information you provide CFL. This shall be used to determine your level of participation or eligibility for the course which you are participating for, hence you should ensure the accuracy and authenticity of all your given personal information.
- b. Related inquiry to determine your participation. In line with this, CFL may verify the following personal information to you and/or your medical professional, to wit: (a) Name of participant; (b) Medical History of the participant; (c) Medical Fitness Assessment of the participant.
- c. CFL is to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recording of you for use in materials we may create.

The types of information to be verified with the above-enumerated entities involve personal information and/or sensitive personal information. You have the right to object to the processing of your personal data. Should you do so, CFL will no longer be able to process your course participation hindering you to participate in the course. For other legitimate and/or business-related purpose, CFL reserves the right to process your personal data in order, among others: (1) to comply with applicable laws and legal obligations; (2) to comply with valid legal processes issued by competent government authorities; (3) to protect the rights, privacy, safety or property of CFL, employees or the general public; (4) to permit CFL to pursue available remedies or limit the damages that CFL may sustain; (5) to respond to an emergency; and/or (6) to monitor and comply with applicable laws, regulations, policies and procedures. The accuracy and relevancy of the personal information is of vital importance. You are therefore required to inform CFL at the earliest possible time should the personal information in our possession become inaccurate or false.

III. RETENTION OF INFORMATION

RAFI – CENTER FOR LEADERS shall only retain your information from your Course Registration Forms for a period of five (5) years from the last day of your course. After then, your data will be anonymized. The rationale of this 5 year retention period is to establish, exercise or defend legal claims for legitimate business purposes, or when provided by law, which must be in accordance with standards followed by the applicable industry or approved by appropriate government agency and/or until the declared, specific and legitimate purpose has been achieved or the processing relevant to the purpose has been terminated. RAFI – CENTER FOR LEADERS also captures photography and video that will be used as material to provide information about CFL and promote CFL courses and other activities through social media channels. All these media sources will be retained in the CFL repository.


IV. SECURITY OF INFORMATION

Your personal data will be secured in a variety of paper and electronic formats, including databases, once it is with us. Access to your personal data is only authorized by CFL staff who have a legitimate interest in them for the purpose of carrying out their duties. Rest assured that our use of your personal data will not be excessive. We have put in place the appropriate technical, organizational, and physical protection measures to protect your personal data. You have the right to suspend, withdraw or order blocking, removal, or destruction of your personal data.

V. ACCESS TO INFORMATION AND CORRECTION

Under the law, please be informed that as a data subject, you have the right to access and correct the information, in case of inaccurate or incomplete data, you have the right to obtain your personal data upon your request in any form appropriately, you have the right to claim compensation for any damage that you may suffer due to the inaccurate, incomplete, outdated, false, unlawfully obtained, or unauthorized use of your personal data.

Should you have concerns, questions, or matters for clarification as to the processing of your personal data by CFL, you may reach our Data Protection Officer Warren Tompong through cfl.dataprivacy@rafi.ph.


Feb 6, 2023
Warren Clyde Valeree A. Tompong
Data Protection Officer

Upon affixing my signature signifies that I have read and understood as explained to me through a language I understand, the above policy and expressly give consent to the processing of my personal and/or sensitive personal information in the manner and for the purpose provided in this notice. I understand and accept that this will include access to personal data and records submitted, which may be regarded as personal and/or sensitive personal data as provided under the Data Protection Act of 2012.

Signature over Printed Name of Parent or Legal Guardian

Date

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FORM M-1 (17 years old and below)

PART B. MEDICAL DECLARATION

To be completed by the applicant with the supervision of the parent or a guardian who is of legal age.

1. RAFI - CENTER FOR LEADERS courses are mostly conducted outdoors in all weather conditions, involving long hours of physically and mentally demanding activities like carrying heavy packs, Challenge Ropes Courses, abseiling, trekking overland, and sea kayaking.

2. To help ensure your safety, any history of the following medical concerns must be declared in full disclosure and honesty. Consider the possibility of aggravating these conditions if you participate the course.

Put a check mark (✓) to indicate NO or YES for each item. Make sure to answer all the items.				
If an item applies, put (✓) in the small boxes and put another (✓) under YES column, and provide some details.				
#	Put a check mark (✓) in the boxes that necessarily apply.	NO (✓)	YES (✓)	Write the details of the specific condition (e.g., date occurred, severity, prescribed medication; dosage and intake schedule.)
1	<input type="checkbox"/> Seizures <input type="checkbox"/> Epilepsy <input type="checkbox"/> Fainting <input type="checkbox"/> Migraine <input type="checkbox"/> Headache			
2	<input type="checkbox"/> Dizziness <input type="checkbox"/> Chest Pain <input type="checkbox"/> Unusual Shortness of Breath while walking or exercising			
3	<input type="checkbox"/> Heart Disease <input type="checkbox"/> Heart Attack <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Palpitations			
4	<input type="checkbox"/> High Blood Pressure (Hypertension) <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes (Insulin Dependent/ Non-Insulin Dependent)			
5	<input type="checkbox"/> Bronchial Asthma <input type="checkbox"/> Exercise-induced Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other lung problem (specify in the last column)			
6	<input type="checkbox"/> Blood Disorder (Leukemia/ Anemia/ Thalassemia/ Hemophilia) <input type="checkbox"/> Thyroid Problems			
7	Allergy to: <input type="checkbox"/> Medicine <input type="checkbox"/> Food <input type="checkbox"/> Pollens <input type="checkbox"/> Insect Bites <input type="checkbox"/> Others (specify)			
8	Routine or current maintenance medications (specify dosage & intake schedule).			AM : _____ Lunch : _____ PM : _____
9	Medical treatment or hospitalization within the <u>last two (2) years</u>			
10	Surgery in the past years or follow-up care from a surgical procedure			
11	Carrier of any infectious diseases (specify in the last column)			
12	<input type="checkbox"/> Eye Problems <input type="checkbox"/> Ear Problems <input type="checkbox"/> Vertigo			

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	Put a checkmark (✓) in the boxes that necessarily apply	NO (✓)	YES (✓)	Write the details of the specific condition (e.g. date occurred, severity, prescribed medication, dosage and intake schedule)
13	Bone or joint injuries and other Orthopedic conditions (temporary/permanent) e.g., fractures/dislocation, sprains/strains			
14	Problems on the following areas: <input type="checkbox"/> Neck <input type="checkbox"/> Clavicle <input type="checkbox"/> Shoulders <input type="checkbox"/> Hips <input type="checkbox"/> Knees <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankles <input type="checkbox"/> Others: _____			
15	Any form of physical or medical limitation/ disability/ impairment			
16	History of severe head injury or nervous system condition			
17	<input type="checkbox"/> Meningitis <input type="checkbox"/> Severe tonsillitis <input type="checkbox"/> Hepatitis <input type="checkbox"/> Kidney problems			
18	<input type="checkbox"/> Systemic Lupus Erythematosus <input type="checkbox"/> Bipolar disorder			
19	Active & chronic medical conditions			
20	Other important medical information (pregnancy, disability, obesity, others)			
21	Acute anxiety concerning heights/ fear of heights, any identified phobias			
22	Treatment or therapy for a psychological condition			
23	Have you had a tetanus vaccination?			Date: _____ <input type="checkbox"/> Cannot Remember
24	Are you fully vaccinated for CoViD-19?			CoViD-19 Vaccine Name: _____ 1 st Dose Date : _____ 2 nd Dose Date : _____ 1 st Booster Shot Date : _____ 2 nd Booster Shot Date : _____
25	Are you currently experiencing these flu-like symptoms? <input type="checkbox"/> Cough <input type="checkbox"/> Colds <input type="checkbox"/> Sore Throat <input type="checkbox"/> Body Malaise/ Fatigue <input type="checkbox"/> Fever			

Use the space below for medical conditions/history details if space above is insufficient.

PART C. ACKNOWLEDGEMENT OF RISK & CONSENT

ACKNOWLEDGEMENT AND CONSENT BY APPLICANT & PARENT/GUARDIAN

I, _____ ALLOW MY CHILD
(name) _____ TO ATTEND THE COURSE
CONDUCTED BY RAFI - CENTER FOR LEADERS FROM (date) _____ TO _____.

I am aware that my child's attendance in the course involves a significant element of risk. The risk of serious injury is extremely small, but it is not non-existent. While safety is of the highest priority in every course, I understand that in any adventure activity, there will be some factors beyond control. My child will be briefed before every activity and is expected to follow the safety procedures explained to them and to indicate if they are unsure of what is expected.

I certify that the level of my child's participation is in no way forced by anyone, that the way in which my child participates is always their choice, and I knowingly and voluntarily assume all risks associated with my child's participation in these activities.

I declare that all medical information provided in Part B are true and correct, and that I have not withheld any relevant information. I understand that failure to disclose this information could affect my child's safety and those around my child, and I agree to hold *RAFI - CENTER FOR LEADERS (CFL)* of the *Ramon Aboitiz Foundation Inc. (RAFI)* harmless if full disclosure of pre-existing medical conditions has not been provided.

In the event of an emergency and CFL is unable to contact me, I give permission for any medical treatment deemed necessary to maintain my child's well-being.

My child shall diligently comply with all CFL's safety regulations, training conditions, and instructions which include no smoking and no consumption of alcoholic drinks and illegal drugs. My child shall fully cooperate with the instructors and staff of CFL.

I agree to be responsible for any damage my child may cause to CFL facilities or equipment. CFL is not responsible for loss, theft or damage to my child's personal belongings stored at its facilities.

I shall therefore release the *Ramon Aboitiz Foundation Inc. - RAFI - CENTER FOR LEADERS*, its staff, and Board of Trustees from all liability for any damages, including but not limited to, property damage, physical injuries, mental, or emotional stress or death from my child's participation in the *RAFI - CENTER FOR LEADERS* program.

AS THE APPLICANT'S PARENT/GUARDIAN, I VOLUNTARILY SIGN AS PROOF OF MY ACCEPTANCE OF THE ABOVE PROVISIONS AND THAT I HAVE READ AND COMPLETELY UNDERSTOOD ALL ASPECTS OF THIS COURSE REGISTRATION FORM AND AGREE TO ITS TERMS IN ITS ENTIRETY.

Name of Parent/Guardian

Signature

Date

Name of Applicant

Signature

Date

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RAFI – CENTER FOR LEADERS

Securities and Exchange Commission Registered Name: KOOL ADVENTURE CAMP INC
Organizational Member: Association for Experiential Education (AEE), USA www.aee.org
Business To Client (B2C) Member: Association for Challenge Course Technology (ACCT), USA www.acctinfo.org



PART D. MEDICAL FITNESS ASSESSMENT

Bring this form to the doctor for assessment. Unless granted exemption by CFL, all applicants are required to undergo a doctor's assessment before admission to a course. **This Medical Fitness Assessment form is for the doctor to certify if you are medically fit for the course.** If you marked **YES (✓)** for any item in **PART B** or if you are uncertain about any pre-existing medical conditions, we strongly recommend that you raise them to your physician during your consultation. **This completed form should be submitted to CFL before the commencement of the course.**

IMPORTANT NOTE TO THE MEDICAL DOCTOR:

1. Refer to **PART B** of the Course Registration Form when completing this part.
2. Applicants are strongly advised to highlight to the Doctor their previous or current medical conditions. All information will be kept confidential.
3. Certification of Fitness should be based on the ability of the applicant to cope with the physical and psychological demands of the course.
4. Do not leave any space blank.

TO BE COMPLETED BY A MEDICAL DOCTOR ONLY

1. I have examined (name) _____ and I find them
(Check which is applicable)

- UNFIT (to travel and join the course)**
 FIT (with no limitations)
 FIT (with some limitations):
 No Challenge Rope Course Climbing (10-70 ft)
 No Steep Slope Walking
 No Jogging/ Running
 No Long Walks (200 meters or more)
 Others: _____

2. The applicant's special condition/previous injury requiring attention at present is/are as follow(s):

- Hypertension (BP: _____)**
 Diabetes Mellitus (Required: *FBS test*; Result: _____)
 Asthma (Last attack: _____)
 Orthopedic Condition
 Others: _____

3. The applicant has **KNOWN ALLERGY** or **NO KNOWN ALLERGY** to the following:

- a. Medicine: _____
b. Food : _____
c. Others : _____

Doctor's Name : _____
Contact Number : _____
License Number : _____
Assessment Date: _____
Address of Clinic : _____
Signature : _____

- END -