



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

Office of the Schools Division  
Superintendent

April 2, 2024

**DIVISION MEMORANDUM**  
No. 161 s, 2024

**ADVANCE TRAINING COURSE FOR LEADERS OF ADULTS**

To: Assistant Schools Division Superintendent  
Chief, CID and SGOD  
Education Program Supervisors  
Public Schools District Supervisors/Acting PSDSS  
Elementary And Secondary School Heads and Teachers  
All Others Concerned:

1. Attached is Regional Memorandum No. 12, s. 2024 from the Youth Development Officer III, Officer In-Charge, Regional Coordination Office, **SALVIO B. QUICHO**, Boy Scouts of the Philippines, Eastern Visayas, through DepEd R7 Regional Memorandum No. 272, s. 2024, which seeks us to support on the conduct of Advanced Training Course for Leaders of Adults on April 21-26, 2024 at Kilim Elementary School, Baybay City, Leyte.
2. All interested parties may contact the BSP Bohol Council Scout Executive, Mr. Hermes Angoy for further details of this activity.
3. for information and appropriate action.

  
**CASIANA P. CABARTER PhD, CESO VI**  
Schools Division Superintendent 

epd/fcl/cmr/jim'24



Address: 0050 Lino Chatto Drive Barangay Cogon,  
Tagbilaran City, Bohol  
Telephone No.: (038) 411-2544  
Email Address: deped.bohol@deped.gov.ph





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

Office of the Regional Director

REGIONAL MEMORANDUM

No. **272**, s. 2024

26 MAR 2024


**ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS**

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

1. Attached is a Regional Memorandum #12 s. 2024 from the Youth Development Officer III, Officer In-Charge Regional Coordination Office, **SALVIO B. QUICHO**, Boy Scouts of the Philippines, Eastern Visayas Region, re **Advanced Training Course for Leaders o Adults** on April 21 – 26, 2024 at Kilim Elementary School, Baybay City, Leyte.
2. In this connection, all SDOs, 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. Immediate dissemination of this Memorandum is desired.

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

DOWNLOADED

DATE: 3/27/24  
TIME: 8:00 A.M.  
THRU: 1:00 P.M.  
BY:   
STJ/FYA/FTAO/MLB/epv



Doña M. Gaisano St., Sudlon, Lahug, Cebu City  
Telephone Number: 639457623193 local 700

 DepEd Tayo Region VII

 [region7.deped.gov.ph](http://region7.deped.gov.ph)



Republic of the Philippines

## Boy Scouts of the Philippines

Eastern Visayas Region

Capitol Hills Scout Camp

6000 Cebu City

Email Address: [evrco@scouts.gov.ph](mailto:evrco@scouts.gov.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

21 March 2024

### REGIONAL MEMORANDUM

No. 12 s. 2024

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**, details of which are as follows:

Date : **April 21-26, 2024**

Venue : **Kilim Elementary School, Baybay City, Leyte**

Host : **Leyte Council**

2. Participants to this training are graduates of the Basic Training Course for Troop Leaders, Outfit Advisors and/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 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 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 April 20, 2024 at 5:00 P.M. for registration and briefing.
7. Should you have queries, you may refer them to Dr. Marvin M. Nicer at 09154259803, or Regional Office via email at [evrco@scouts.gov.ph](mailto:evrco@scouts.gov.ph)
8. For information, wide dissemination and compliance.

  
**SALVIO B. QUICHO**

OIC, Regional Coordination Office

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