



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
SCHOOLS DIVISION OF NEGROS ORIENTAL

Office of the Schools Division Superintendent

DIVISION MEMORANDUM
No. 545, s. 2023

02 AUG 2023

**DISSEMINATION OF REGIONAL MEMORANDUM NO. 0525, S. 2023
ON THE COURSE FOR MANAGERS OF LEARNING**

TO : Assistant Schools Division Superintendents
Public School District Supervisors
District-in-Charge/District Caretakers
Public Elementary & Secondary School Heads
All Others Concerned

1. This office disseminates to the field the enclosed Regional Memorandum No. 0525, s. 2023, titled re **COURSE FOR MANAGERS OF LEARNING** on August 6-11, 2023 at Biliran Council Scout House, Larrazabal, Naval, Biliran, for compliance and guidance of all concerned.
2. 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.
3. Immediate dissemination of this Memorandum is desired.

By the Authority of the Schools Division Superintendent:

MARCELO K. PALISPIS EdD, JD
Assistant Schools Division Superintendent
Office-In-Charge

NCO/MKP-JMA-NOR/CID-NLR/svu
August 2, 2023



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
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Republic of the Philippines
Department of Education
REGION VII - CENTRAL VISAYAS

Mr. Sonny Uy

Office of the Regional Director

JUL 27 2023

REGIONAL MEMORANDUM

No. **0525**, s. 2023

COURSE FOR MANAGERS OF LEARNING

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

1. Attached is a Regional Memorandum No. 12 s. 2023 from the Acting Regional Scout Director, **SALVIO B. QUICHO**, Boy Scouts of the Philippines, Eastern Visayas Region, re **Course for Managers of Learning** on August 6 - 11, 2023 at Biliran Council Scout House, Larrazabal, Naval, Biliran.
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 III
Director IV
Regional Director

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



Address: Doña M. Gaisano St., Sudlon, Lahug, Cebu City
Telephone Nos.: (032) 231-1433; (032) 414-7399
Email Address: 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: bsp.evr@scouts.org.ph

Facebook: www.facebook.com/BSPEasternVisayas

Website: www.scouts.org.ph

Telephone Number: (032) 255 5996

26 July 2023

DR. SALUSTIANO T. JIMENEZ JD, EdD, CESO V

Regional Director

DepEd, Region VII

Sudlon, Lahug, Cebu City

Dear Director Jimenez:

Greetings from the Boy Scouts of the Philippines!

The Eastern Visayas Region, Boy Scouts of the Philippines will conduct Course for Managers of Learning on August 6-11, 2023 at Biliran Council Scout House, Naval, Biliran. Participants in this training are two (2) beads holder coming from Region VII and VIII.

CML is the first stage in a 2-stage progressive scheme of training trainers; a 6-day course focusing on the role of the trainer as manager of learning, facilitator, instructor and counselor.

In this connection, we would like to request your good office to issue a DepEd Regional Memorandum for the said activity. Attached our BSP Regional Memo for your reference.

Thank you very much for the unstinted support you have so kindly accorded to the movement for the cause of the youth we pledged to serve.

Thank you very much for

Very truly yours,

SALVIO B. QUICHO

Acting Regional Scout Director

Encl: as stated



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Eastern Visayas Region
Capitol Hills Scout Camp
6000 Cebu City
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Telephone Number: (032) 255 5996

7 July 2023

REGIONAL MEMORANDUM

No. 12 s. 2023

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

SUBJECT : **COURSE FOR MANAGERS OF LEARNING (CML)**

1. This is to announce the conduct of Course for Managers of Learning of Eastern Visayas Region, BSP, details of which are as follows:

COURSE FOR MANAGERS OF LEARNING

Date : **August 6-11, 2023**

Venue : **Biliran Council Scout House, Larazzabal, Naval, Biliran**

Host : **Biliran Council, BSP**

2. Course Description: CML is the first stage in a 2-stage progressive scheme of training trainers; a 6-day course focusing on the role of the trainer as manager of learning, facilitator, instructor and counselor.
3. Participants must be a Wood Badge Holder (with Wood Badge Parchment Certificate) for at least 24 months, currently registered with the BSP, physically fit as evidenced by a duly accomplished Physical Examination Forms.
4. The Course fees per participant is **EIGHT THOUSAND PESOS ONLY (P8,000.00)** which will cover accommodation, meals, handouts, Souvenir items, training materials/supplies and other administrative expenses. (Dinner will be served a day before the start of the Course).
5. In our desire to provide each participant the materials due him/her, all Council Scout Executives are hereby requested to submit the Application to Attend together with the **reservation fee of Two Thousand Pesos (P2,000.00)** for early purchase of materials on or before July 31, 2023.
6. The registration fee, transportation and other incidental expenses 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.
7. For more details and queries please contact EVR Regional Office at Tel. No. (032) 255-5996 or via email easternvisayas.bsp@gmail.com.

SALVIO B. QUICHO
Acting Regional Scout Director

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 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 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. _____

CML CHECKLIST OF THINGS TO BRING

- Current BSP Membership Card
- Two (2) pcs. Recent 1 x 1 ID picture (Type "A" Uniform)
- Two (2) sets of Type "A" Uniform
 - a. Male – Type A Polo and Long Pants
 - b. Female - Type A Polo and Skirt with Flap and Stockings

- Sports wear/activity shorts
- White T-Shirts for Type "B" Uniform
- Attire for Socials
- Personal gears (toiletries, medicines, etc.)
- Reference materials for BTC (sectional)
- Extra Clothing
- Materials for Learner's Market