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Republic of the Philippines  
**Department of Education**  
REGION VIII - EASTERN VISAYAS

August 26, 2022

**REGIONAL MEMORANDUM**

No. **943**, 2022

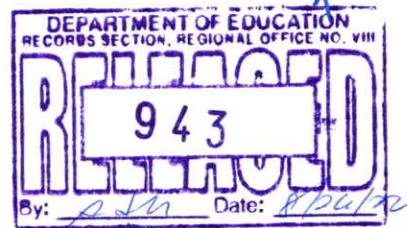
**PARTICIPATION TO THE CONDUCT OF COURSE FOR MANAGERS OF LEARNING (CML)  
FOR THE WOOD BADGE HOLDERS IN THE BOY SCOUTS OF THE PHILIPPINES-  
EASTERN VISAYAS REGION (BSP-EVR)**

To: Schools Division Superintendents  
Council Scout Executives  
All Others Concerned

- Attached is Regional Memorandum No. 14, s. 2022 dated August 4, 2022, re: **Face-to-Face Course for Managers of Learning (CML) on September 25-30, 2022** at the **Discovery Parc, Sitio Tagaytay, Brgy. Tilhaong, Consolacion, Cebu City.**
- In view of the aforementioned issuance, all the concerned Schools Division Offices and BSP Councils through the BSP Coordinators, shall furnish this Office an authenticated copy of the list of participants upon submission to the BSP-EVR thru [clmd.region8@deped.gov.ph](mailto:clmd.region8@deped.gov.ph).
- Other details relative to the activity are stipulated in the above-mentioned Memorandum.
- Should there be queries, Mr. Alfredo P. Café, Regional Community-Based Scouting Commissioner, can be reached at [alfredo.cafe@deped.gov.ph](mailto:alfredo.cafe@deped.gov.ph).
- Immediate dissemination of and compliance with this Memorandum are desired

*for*  
**EVELYN R. FETALVERO, CESO IV**  
Regional Director

Enclosures: None  
References: As Stated  
To be indicated in the Perpetual Index under the following subjects:  
**BSP CONFERENCES**  
CLMD-APC





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

DEPARTMENT OF EDUCATION  
**RECEIVED**  
 RECOMMUNICATIONS SECTION - REGIONAL OFFICE - DIVISION VI  
 AUG 22 2022  
 TIME: 10:48

18 August 2022

**MR. ALFREDO P. CAFÉ**  
 Regional Program Commissioner  
 Regional Scouting Coordinator  
 DepEd, Region VIII  
 Government Center  
 Palo, Leyte

OFFICE OF THE DIRECTOR IV	
Date and Time received	Signature
22 Aug 2022	
Date and Time released	Signature
22 Aug 2022	

Dear Mr. Cafe:

The Boy Scouts of the Philippines Eastern Visayas Region will conduct Course for Managers of Learning on September 25-30, 2022 at Discovery Parc, Sitio Tagaytay. Brgy. Tilhaong, Consolacion, Cebu. Participants to this training are coming from Eastern and Central Visayas Regions.

In view of this, we would like to request your good office to help facilitate to issue a DepEd Regional Memorandum for the said activity. Attached is BSP Regional Memo for your reference.

Thank you very much for your cooperation and support.

Very truly yours,

**SALVIO B. QUICHO**  
 Acting Regional Scout Director

Enclosed as stated



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

4 August 2022

#### REGIONAL MEMORANDUM

No. 14 s. 2022

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 (Face to Face) for Eastern Visayas Region, BSP, details of which are as follows:

a) **COURSE FOR MANAGERS OF LEARNING**

Date : **September 25-30, 2022**

Venue : **Discovery Parc, Sitio Tagaytay, Brgy. Tilhaong, Consolacion, Cebu**

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 September 15, 2022. For reservation fee must paid directly to host Council, with the following details:

Account Name: **Cebu Council, Boy Scouts of the Philippines**

Account No. : Veterans Bank Acct. No. **21-0000-176**

Branch : Osmena Boulevard, Cebu City

Only participants with reservation fee will be accepted, reservation fee is not refundable but transferrable.

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

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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. \_\_\_\_\_

### **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