



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

June 19, 2023

**REGIONAL MEMORANDUM**

No. **619** s. 2023

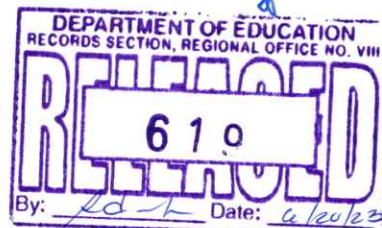
**PARTICIPATION TO THE ADVANCED TRAINING COURSE FOR UNIT LEADERS**

To: Schools Division Superintendents  
Division BSP Coordinators  
All Others Concerned

1. Attached is Memorandum No. 10, s. 2023 from the Boy Scouts of the Philippines (BSP), Regional Office, relative to the conduct of the **Advanced Training Course for Unit Leaders** on the dates and at the venues specified in the aforementioned BSP issuance.
2. In view of this and in light of the recent Department of Education (DepEd) and the Department of the Interior and Local Government (DILG) issuances supporting the BSP activities, all Schools Division Offices are encouraged to send their qualified participants in the aforementioned training.
3. Other details relative to the activity are stipulated in the above-mentioned BSP Memorandum.
4. Should there be queries, Mr. Alfredo P. Cafe, BSP-EVR Regional Program Commissioner, can be reached at [alfredo.cafe@deped.gov.ph](mailto:alfredo.cafe@deped.gov.ph).
5. Immediate dissemination of and compliance with this Memorandum are desired.

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

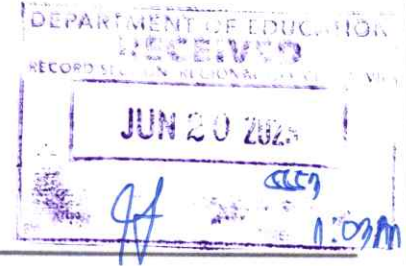
Enclosures: None  
References: As Stated  
To be indicated in the Perpetual Index under the following subjects:  
**BSP TRAININGS WORKSHOPS**  
CLMD-BSP-APC





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)  
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7 June 2023



**REGIONAL MEMORANDUM**

No. 10 s. 2023

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

SUBJECT : **ADVANCED TRAINING COURSE FOR UNIT LEADERS**

1. This is to announce the conduct of the Advanced Training Course (Woodbadge) for Unit Leaders, details of which are as follows:
  - a. **ADVANCED TRAINING COURSE FOR TROOP LEADERS**  
 Date : July 16-22, 2023  
 Venue : Biliran Provincial Sports Center, Naval, Biliran  
 Host : Biliran Council
  - b. **ADVANCED TRAINING COURSE FOR KAWAN LEADERS**  
 Date : July 17-22, 2023  
 Venue : Biliran Provincial Sports Center, Naval, Biliran  
 Host : Biliran Council
  - c. **ADVANCED TRAINING COURSE FOR TROOP LEADERS**  
 Date : July 25-31, 2023  
 Venue : Gen. MacArthur National Agricultural School (GMNAS),  
 Gen. MacArthur, Eastern Samar  
 Host : Eastern Samar Council
  - d. **ADVANCED TRAINING COURSE FOR KAWAN LEADERS**  
 Date : July 26-31, 2023  
 Venue : Gen. MacArthur National Agricultural School (GMNAS),  
 Host : Eastern Samar
2. Participants to this training are graduates of the Basic Training Course, currently registered with his/her unit, and physically fit with duly accomplished Physical Examination Form.
3. Registration Fee: A registration fee of **SEVEN THOUSAND PESOS ONLY (Php7,000.00)** 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 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 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.
6. Should you have queries, you may refer them to the host Council or contact Regional Office via mail [bsp.evr@scouts.org.ph](mailto:bsp.evr@scouts.org.ph)
7. 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

|                             |  |
|-----------------------------|--|
| <b>Physician's Findings</b> | Describe abnormality in detail<br>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 UNIT LEADERS

**WHAT TO BRING:** Participants must bring with them the following items:

- Current Membership Card
- **Two (2) sets of Type "A" Scout Uniform**
- **1. For Kawan Leaders -**
  - Type A Polo and Skirt with side pocket flap and knee high socks with Yellow Garter Tabs
- **2. For Troop Leaders**
  - a. Male - Type A Polo and Short Pants with knee high socks and Green Garter Tabs
  - b. Female –Type A Polo and Short Pants with side pocket flap and knee high socks with Green Garter Tabs
- **3. For Outfit Advisors**
  - c. Two (2) sets of Type "A" Scout Uniform
  - d. Male – Type A Polo and Long Pants
  - e. Female – Type A Polo and Long Pants (with side pocket flap)
- 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
- Compass (Optional)