



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

September 02, 2024

REGIONAL MEMORANDUM

No. **1026** s. 2024

ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS (ATC-LOA)

To: Schools Division Superintendents
Division BSP Coordinators
All Others Concerned

- Attached are Regional Memorandum No. 51, s. 2024 from the Boy Scouts of the Philippines (BSP) and Cebu Council Memorandum No. 11, s. 2024 relative to the conduct of **Advanced Training Course for Leaders of Adults** on September 9-14, 2024, at Capitol Hills Scout Camp, Cebu City.
- With reference to the 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 respective participants identified in the attached Council Memo to this event.
- Other details relative to the conduct of this activity are stipulated in the BSP-RM & Council Memoranda.
- For queries and further information, please reach Dr. Reynaldo E. Nayre, Regional Scouting Coordinator, at **reynaldo.nayre002@deped.gov.ph**.
- Immediate dissemination of and compliance with this Memorandum are desired.


EVELYN R. FETALVERO CESO IV
Regional Director

Enclosure(s): BSP-RM 51, s. 2024
Reference(s): As Stated
To be indicated in the Perpetual Index under the following subjects:

ATC-LOA BSP-EVR REGIONAL TRAINING

FTAD- REN



Address: Government Center, Candahug, Palo, Leyte
Telephone No.: (053) 832-5738
Email Address: region8@deped.gov.ph
Website: region8.deped.gov.ph





BOY SCOUTS OF THE PHILIPPINES

Eastern Visayas Regional Coordination Office - Capitol Hills Scout Camp, Lahug, Cebu City
(032) 255-5996
evrco@scouts.gov.ph
www.scouts.gov.ph

OF THE DIRECTOR
AUG 29 2024 Received
AUG 29 2024 Released
10:00
[Signature]

DEPARTMENT OF EDUCATION
RECORDS DIVISION

RECORDS SECTION - REGIONAL OFFICE - CEBU
AUG 29 2024
8:55
9:50 am
[Signature]

16 August 2024

REGIONAL MEMORANDUM

No. 51 s. 2024

TO : Council Scout Executives and Officers-in-Charge

SUBJECT : **ADVANCED TRAINING COURSE FOR LEADERS OF ADULTS**

1. Attached is Council Memorandum No. 11, series of 2024 from the BSP Cebu Council relative to the conduct of **Advanced Training Course for Leaders of Adults** on 09-14 September 2024 at Capitol Hills Scout Camp, Cebu City.
2. Other details relative to the conduct of this activity are stipulated in the abovementioned memorandum.
3. For queries, please contact Ms. Crislin K. Ilustrisimo, Council Scout Executive, at 09167087036.
4. For the information and guidance of all concerned.

MARVIN M. NICER, PhD, MCDRM
Youth Development Officer V
Regional Coordination Office
Eastern Visayas Region

[Signature]



Boy Scouts of the Philippines • Eastern Visayas Region • CEBU COUNCIL

Location: N. Bacalso Avenue corner Tres de Abril Street, Cebu City

Landline: (032) 261 1402/ (032) 418-6258

Email: cebucouncil@gmail.com

Facebook Page: <https://www.facebook.com/cebuofficialpage>

15 August 2024

COUNCIL MEMORANDUM

No. 11, Series of 2024

**TO : Division Commissioners
Division Field Commissioners
District/School Commissioners
Secondary School Commissioners
Heads of Private Secondary Schools**

SUBJECT : ADVANCE TRAINING COURSE FOR LEADERS OF ADULTS

1. This is to announced the conduct of the Advance Training Course for Leaders of Adults details of which are as follows:

ADVANCE TRAINING COURSE FOR LEADERS OF ADULTS

DATE : September 9-14, 2024

Venue : BSP Capitol Hills Scout Camp, Cebu City

2. The activity aims:
 - a. To develop and evolve the Commissioner's job functions in the local council.
 - b. Discuss fully aims, principles and method of Scouting.
 - c. Display enthusiasm and commitment to the fundamental principles of Scouting.
 - d. Demonstrate the skills involved in the activities through the use of prescribed methods and techniques in Scouting.
 3. Participants to this training are graduates of the Basic Training Course for Leaders of Adults, Troop Leaders and or Kawan Leaders and have been promoted and currently holding the position as School Administrator/ Principals/ Supervisors/ SGOD personnel. Currently registered with BSP, physically fit with duly accomplished Physical Examination Form.
 4. Registration Fee: A registration fee of **TEN THOUSAND PESOS ONLY (Php 10, 000.00)** shall be charged to each participant to defray the cost of meals, snacks, handouts, Souvenir T-shirt, materials/ supplies, Wood Badge Tokens (Neckerchief, Woggle, Beads) and other administrative expenses.
 5. Reservation Fee: A Reservation Fee of **Three Thousand Pesos (Php 3, 000.00)** is required for early purchase of materials on or before **August 30, 2024**. The registration and reservation Fee must paid directly to the host council, with the following details: (**Only participants with reservation fee will be accepted**).
- Account Name : **Cebu Council, Boy Scouts of the Philippines**
Account No. : **Veterans Bank Account No. 21-0000-176**
Branch : **Osmeña Boulevard, Cebu City**
6. Deadline: the deadline for the submission of Application to Attend is **August 30, 2024**. Please send your application to Attend to our Gmail account at cebuofficialpage@gmail.com.
 7. Reporting Date: Participants are requested to report promptly at the training venue on **September 8, 2024** (Sunday) at 4:00 P.M. for registration and briefing. (Dinner will be served on this date.)
 8. What to bring: (See attachment)
 9. Should have any questions or require further information, please do not hesitate to contact Ms. Crislin K. Ilustrisimo at this CP No. 09167087036.
 10. For information, wide dissemination and compliance.


CRISLIN K. ILUSTRISIMO
Council Scout Executive

Enclosed: Application to Attend
Medical Examination 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
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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
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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
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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) setsof 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