

BOY SCOUTS OF THE PHILIPPINES
NATIONAL OFFICE
MANILA

3 February 2015

NATIONAL OFFICE MEMORANDUM

No. 08 Series of 2015

TO : Regional Scout Directors, Council Scout Executives and Officers-In-Charge

SUBJECT : **DISASTER RISK REDUCTION MANAGEMENT TRAINING COURSE FOR SCOUTS AND LEADERS**

1. As scheduled in the 2015 Calendar of National Scouting Events and Observances, we are pleased to announce the conduct of the series of **DISASTER RISK REDUCTION MANAGEMENT TRAINING COURSES** in partnership and cooperation of the World Organization of the Scout Movement (WOSM) Asia-Pacific Region (APR) as follows:

FOR SENIOR AND ROVER SCOUTS:

- a. Southern Luzon: 23 – 27 February 2015 • Stevenot Hall, Mt. Makiling, Los Baños, Laguna
- b. Eastern Visayas: 12 – 16 March 2015 • Tacloban City, Leyte
- c. Northern Luzon: 9 – 13 April 2015 • BSP Camp Palayan City, Nueva Ecija
- d. Eastern Mindanao: 28 May to 01 June • BSP Camp Malagos, Davao City

FOR LEADERS AND TRAINERS:

- e. Instructor's Course for Luzon: 23 – 27 February 2015 • Executive Hall, Mt. Makiling, Los Baños, Laguna
- f. Instructor's Course for Visayas: 19 – 23 November 2015 • Capitol Hills Scout Camp, Cebu City
- g. Instructor's Course for Mindanao: 13 – 17 December 2015 • BSP Camp Malagos, Davao City

2. This capacity building initiatives is made possible through the support of the **World Scout Foundation (WSF) and His Majesty King Carl Gustaf XVI**, during his country visit, and to be able to equip our Scouts to respond in times of disasters, natural calamities and emergency situation in their locality.
3. The course is designed for registered **Senior and Rover Scouts ages 16 – 24 years old**; at least in the 3rd Year of Junior High School or equivalent and a holder of Outdoorsman Rank for Senior Scouts. Rover Scouts in the tertiary level (CWTS-Scouting) and Community-Based Scouting (CBS) units are highly encouraged.
4. Local Councils are enjoined to send their most qualified Senior and Rover Scouts in this training course, taking into consideration all necessary endorsement from their respective Sponsoring Institutions together with the attached parent's permit and necessary health and medical certification duly signed by a licensed physician certifying that the participant is physically fit to undergo this training course.
5. Each course is limited to **30 – 40 Participants** and the allocation of slots per council in each region shall be the responsibility of the concerned Regional Scout Directors in consultation with the Council Scout Executives in the region, based on the availability, qualification and requirements as stated in this memorandum.
6. Participants are expected to be at the venue **not later than 03:00 PM of the day before the Opening Ceremony as stated in the region's specific schedule on item no. 1a – 1g of this memorandum** for briefing and orientation. NO COURSE FEE shall be charged to participants; however, cost of transportation to and from the course venue shall be borne by the participants and or may be arranged by the participating regions and or local council offices.

7. **Attire.** All participants are expected to wear the **Official Type-A Scout Uniform** during the Opening and Closing Ceremonies, while course sessions, lecture-demonstration and simulation exercises requires denim jeans, jogging pants and shirt for convenience and mobility. Appropriate swimming attire is also required for Water Safety and Simulation Exercises.
8. **Things to bring.** Aside from personal medication as necessary, participants are expected to bring their BSP Membership IDs, first-aid kit, small backpack, head gear, water bottle, flash light with batteries, tents, rain poncho, plastic ground sheets and utility ropes at least 8mm in diameter for practical exercises.
9. Regional Scout Directors are enjoined to recommend at least **3-5 Trainers and Facilitators** to serve in the above-scheduled courses subject to confirmation and approval by the National Office, BSP based on qualification and expertise.
10. Attached herewith are the Reply Slip and Individual Application to Attend the Course and Medical Examination Certification for your easy reference. These forms shall reach the National Office, BSP c/o PARD, Field Operations Division on or before 30 September 2014.
11. Should you have further queries, you may get in touch with the Project Coordinator and PARD Executive, MR. YASSER F. SARONA at 02 527-5112 loc 524 and thru email yaz.sarona@scouts.org.ph / yasser_bsp@yahoo.com
12. For the information, dissemination, guidance and compliance of all concerned.



WENDEL E. AVISADO
SVP and Acting Secretary General



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 National Office • Manila



**DISASTER RISK REDUCTION MANAGEMENT
 TRAINING COURSE**

DRMM TRAINING COURSE REPLY SLIP

Inclusive Dates: _____ **Venue:** _____

Region:		Local Council:	
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Our Region/Local Council will send the following participant/s to this training course, with Travel Itinerary as follows:

Full Name (in print)	Gender	Age	Position in Scouting	Email or Mobile No.	Time/Date of Arrival	Time/Date Departure	Any Dietary Restriction	T-Shirt Size
1.								
2.								
3.								
4.								
5.								

Our Region/Local Council will NOT be able to send participant/s in this training course due to:

REMARKS: _____

Endorsed for Participation by:

Approved for Participation by:

Date Submitted:

Council Scout Executive / OIC

Regional Scout Director

MR. YASSER F. SARONA
 Executive, Program & Adult Resources
 Field Operations Division, National Office, Manila
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**DISASTER RISK REDUCTION MANAGEMENT
 TRAINING COURSE**

PARTICIPANTS' INFORMATION SHEET AND APPLICATION TO ATTEND

Inclusive Dates: _____ Course Venue: _____

All Print: (Last Name) (First Name) (Middle Name)

Council: _____ Region: _____

Mailing Address: _____

Birthdate: _____ Birthplace: _____

Civil Status: _____ Religion: _____

Contact No: Landline: _____ Mobile No.: _____

Email Address: _____ Fax No.: _____

Educational Attainment: _____

Occupation: _____ Position: _____

Unit No. _____ District _____ Scouting Position: _____

Section: Senior Scouting: _____ Rover Scouting: _____

Advancement Rank Earned: _____ Date Earned: _____

Council/Region/National Trainings and Seminars Attended (Title, Dates and Venue)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the organizers of the Disaster Preparedness and Risk Reduction Management Training Course, the undersigned hereby endorsed and approved the participation of the above-named Senior/Rover Scout/s, in the expectation that he will participate actively and help contribute to the Output of the Training Course and to ensure that the aim and objectives are met according to prescribe standards.

We further reaffirm and guarantee that he/she is currently registered and serving as an active Senior/Rover Scout in our Local Council / Region, that his Action Plan shall be submitted to our respective offices for appropriate action and implementation in our Local Council / Region.

Endorsed by:

Approved by:

Council Scout Executive/OIC
 (Print Name over Signature)
 Date: _____

Regional Scout Director
 (Print Name over Signature)
 Date: _____

**DISASTER RISK REDUCTION MANAGEMENT TRAINING COURSE
HEALTH AND MEDICAL RECORD**

This health and medical record, including limitations indicated, is valid for participation in the Scouting Program for one year date of physician's examination subject to recertification in camp and when required for special events.

Please fill out completely

HEALTH HISTORY

Have or subject to (check if yes):

<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Palpitation	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Headache	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Cough	<input type="checkbox"/> Easy Fatigue	<input type="checkbox"/> Frequent Fever
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Others _____			

Describe: _____

Have or subject to trouble with (check if yes):

<input type="checkbox"/> Eye, Ear, Nose, Throat	<input type="checkbox"/> Hernia
<input type="checkbox"/> Recurrent Diarrhea	<input type="checkbox"/> Heart
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Whooping Cough

Have had: (check if yes)

<input type="checkbox"/> Allergy	<input type="checkbox"/> Measles
<input type="checkbox"/> Lungs	<input type="checkbox"/> Mumps
<input type="checkbox"/> Malaria	<input type="checkbox"/> Chicken Pox

YEAR

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Explain _____

IMMUNIZATION

Smallpox	Date of last inoculation	Polio (Short or Oral)	Date of last inoculation
Diphtheria	_____	Others	_____
Tetanus Toxoid	_____		_____

If applicant is under 21 years of age:

In the event of illness or injury occurring to my son during his attendance at the Jamboree / Training, I do hereby consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff furnishing medical services. I understand that, in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signed: _____ Date: _____ Approved by: _____
Applicant Parent or Guardian

MEDICAL EXAMINATIONS

TO THE PHYSICIAN: Your careful examination and written recommendation will encourage personal fitness and safe participation in strenuous outdoor activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

PHYSICAL FINDINGS

Normal		Abnormal	Explanation if abnormal
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	_____
<input type="checkbox"/>	Vision	<input type="checkbox"/>	_____
<input type="checkbox"/>	Ears	<input type="checkbox"/>	_____
<input type="checkbox"/>	Nose	<input type="checkbox"/>	_____
<input type="checkbox"/>	Throat	<input type="checkbox"/>	_____
<input type="checkbox"/>	Teeth	<input type="checkbox"/>	_____
<input type="checkbox"/>	Lungs	<input type="checkbox"/>	_____
<input type="checkbox"/>	Heart	<input type="checkbox"/>	_____
<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	_____
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	Posture (Spine)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	_____
<input type="checkbox"/>	Emotional Stability	<input type="checkbox"/>	_____

IMMUNIZATION (See history)

(Check One)

Date Given

Smallpox	OK	Needed	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cholera / Dysentery / Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	_____

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:

Camping & Hiking Water Sports Competitive Sports

Recommendations and/or restrictions (if none, so state): _____

Signed: _____ Signed: _____
Examinee Physician and License No.