



Boy Scouts of the Philippines

National Office

181 Natividad Almeda-Lopez St., Ermita, 1000 Manila

PO Box 1378, Manila CPO, Philippines

E-mail: phiscout@skyinet.net

(632) 528-05-55 / (632) 527-51-09 / (632) 527-83-17 to 20 / Fax: (632) 528-05-77



02 May 2017

NATIONAL OFFICE MEMORANDUM

No. 29 Series of 2017

TO : REGIONAL SCOUT DIRECTORS, COUNCIL SCOUT EXECUTIVES AND OFFICERS-IN-CHARGE

SUBJECT : COURSE FOR MANAGERS OF TRAINING for NORTHERN LUZON

1. The Boy Scouts of the Philippines is pleased to announce the conduct of **COURSE FOR MANAGERS OF TRAINING for NORTHERN LUZON** on **22 – 27 May 2017 at the Highland Villa Hotel and Restaurant, Baguio City.**
2. The course is the **SECOND (2ND) LEVEL** of the National Trainer's Training Scheme of the Boy Scouts of the Philippines, which aims to train trainers to become effective Managers of Training and Course Leaders in Basic and Advanced Courses of the BSP.
3. **Qualification to attend.**
 - 3.1 Scout Leaders who hold an honorable charge and appointment of an **ASSISTANT LEADER TRAINER (ALT)** with a minimum of **two (2) years** tenure or residency as an ALT and actively serving in training courses for Adults Leaders and have served in Advanced Training Course **or**
 - 3.2 Graduates of the Course for Managers of Learning, appointed as Assistant Leader Trainer (ALT) and have completed the Service 2 requirements after becoming an ALT.
 - 3.3 Recommended by their respective Council Scout executives and endorsed by their respective Regional Scout Director
4. Participants who wish to attend the scheduled course outside of their respective region will only be allowed upon clearance and approval of your Council Scout Executives and Regional Scout Directors. The confirmation of Participation will be in **First Come and First Served Basis.**
5. **Training Fee.** Each participant will be charge a Course Fee of **Six Thousand Pesos (Php 6,000.00)** to cover the cost of meals (from dinner of the day before the Opening Ceremony until lunch of the last day of the Course before the Closing Ceremony as scheduled); Accommodation and Course Materials, Souvenir and other Administrative requirements of the course.
6. Participants are expected to be at the venue **not later than 05:00 PM** (not earlier than 2:00PM) **of the day before the Opening Ceremony** for briefing and orientation. 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. The Course Staff and Management shall consist of the new members of the National Training Commission, selected members of the National Training Team, Regional Training Commissioners and the National Office, BSP.

8. **Attire.** All participants are expected to wear the Official Type-A Scout Uniform as follows:
- Long Pants for Male Leaders (Leaders of Adults and Outfit Advisors)
 - Short Pants for Male and Female Troop Leaders with Green Garter Tabs
 - Skirt with Flap for Female Leaders (Leaders of Adults, Langkay and Kawan Leaders)
 - Type-A Scout Uniform must be observed during the Opening and Closing Ceremonies.
 - Type-B Scout Uniform for more comfortable clothing during training proper is highly recommended.
 - Smart-Casual attire for socialization is also advised.
9. **Things to bring.** Aside from personal medication as necessary, participants are expected to bring their BSP Membership IDs, Program and Training Guides, Handbooks, Manuals and References that will be used as discussion guide during training proper. Participants are expected to bring their USB flash drive, laptops, notebooks, netbooks or iPad for files sharing, sessions on ICT and Training and Managing Online Training, and presentation purposes.
10. **Mode of Payment.** Payment shall be made thru Bank Deposit ONLY upon the approval and confirmation of your participation. The Bank details are as follows:
- Bank Name: Landbank of the Philippines
 - Branch: YMCA Branch, Ermita, Manila
 - Account Name: Boy Scouts of the Philippines – General Fund
 - Account Number: 1982-1079-77
 - Deadline of Payment: 12 May 2017
11. Payment shall only be made upon confirmation of participation by the National Office, BSP thru the concerned Regional Office. There will be NO Cash Registration on site. Once participation is confirmed, you may deposit your Course Registration Fee and email the copy of the deposit slip to the email addresses provided below for the preparation and issuance of the Official Receipt.
12. Attached here are the Reply Slip and Individual Application to Attend the Course for Managers of Training 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 12 May 2017 thru Mr. Yasser F. Sarona at 02-527-5112 or via email at yaz.sarona@scouts.org.ph
13. Should you have further queries, you may refer them to **Ms. IMELDA S. SAMSON**, Regional Scout Director, Northern Luzon Regions, BSP at Mobile No.: +63949.8838983 or via email at imeesamson@gmail.com or imee.samson@scouts.org.ph.
14. For information, guidance and compliance of all concerned.


ROGELIO S. VILLA, JR.
Acting Secretary General

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BOY SCOUTS OF THE PHILIPPINES
NATIONAL OFFICE • MANILA
COURSE FOR MANAGERS OF TRAINING REPLY SLIP
Highland Villa Hotel and Restaurant, Baguio City
May 22 – 27, 2017

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

Please send this filled-out reply slip not later 12 May 2017.

MR. YASSER F. SARONA
Executive, Program & Adult Resources
Field Operations Division, National Office, Manila
yaz.sarona@scouts.org.ph / pard@scouts.org.ph
Telefax: 02-527-5112

MS. JULIETA C. BUENSUCESO
Training Assistant, PARD
Field Operations Division, National Office, Manila
julieta_buensuceso@yahoo.com

BOY SCOUTS OF THE PHILIPPINES
NATIONAL OFFICE • MANILA

COURSE FOR MANAGERS OF TRAINING
Highland Villa Hotel and Restaurant, Baguio City
May 22 – 27, 2017

INDIVIDUAL APPLICATION TO ATTEND THE COURSE FOR MANAGERS OF TRAINING

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: _____
ATC No. _____ CALT/CML No. _____
Honourable Charge / Appointment: _____
Section: Langkay: _____ Kawan: _____ Troop: _____ Outfit: _____ Circle: _____ LOA: _____
Council/Region/National Trainings and Seminars Attended (Title, Dates and Venue)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Assistance in Training Courses (SOCs, BTCs, ATCs)

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

To the National Training Commission, the undersigned hereby endorsed and approved the participation of the above-named Scout Leader, in the expectation that he will participate actively and help contribute to the development of the Training Team in the Council/Region and to ensure that the aim and objectives of Training Courses are met according to prescribe standards and policy.

We further reaffirm and guarantee that he/she is currently registered and serving as an active leader in our Local Council / Region, that his Action Plan shall be submitted to our respective offices for appropriate action and implementation, especially in the field of Leadership Training and Adults in Scouting 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: _____

COURSE FOR MANAGERS OF TRAINING
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):

Form with checkboxes for various health conditions: Fainting Spells, Headache, Chest Pain, Palpitation, Convulsions, Others, Abdominal Pain, Frequent Cough, Nervousness, Easy Fatigue, Shortness of Breath, Frequent Fever.

Describe:

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

Form with checkboxes for various conditions: Eye, Ear, Nose, Throat, Recurrent Diarrhea, Hypertension, Diabetes, Hernia, Heart, Kidney, Whooping Cough, Allergy, Lungs, Malaria, Measles, Mumps, Chicken Pox.

YEAR

Any condition now requiring regular medication?

Any restriction of activity for medical reasons?

Explain

IMMUNIZATION

Date of last inoculation

Date of last inoculation

Form for immunization records: Smallpox, Diphtheria, Tetanus Toxoid, Polio (Short or Oral), Others.

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

Table for physical findings with columns for Normal, Abnormal, and Explanation if abnormal. Rows include Eyes, Vision, Ears, Nose, Throat, Teeth, Lungs, Heart, Blood Pressure, Abdomen, Hernia, Genitalia, Extremities, Posture (Spine), Skin, Urinalysis, Emotional Stability.

IMMUNIZATION

(See history)

(Check One)

Form for immunization status: Smallpox, Diphtheria, Tetanus Toxoid, Polio, Cholera / Dysentery / Typhoid, with OK/Needed checkboxes and Date Given.

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

Form with checkboxes for activities: Camping & Hiking, Water Sports, Competitive Sports.

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

Signed: Examinee Signed: Physician and License No.