

Boy Scouts of the Philippines
NATIONAL OFFICE
181 Natividad Almeda-Lopez Street, Ermita
Manila

27 May 2015

NATIONAL OFFICE MEMORANDUM

Number **39** s. 2015

TO : Regional Scout Directors and Council Scout Executives

**SUBJECT : BASIC MANAGEMENT COURSE (BMC) FOR SCOUT EXECUTIVES/
MANAGERS/SUPERVISORS**

Pursuant to the 2015 Calendar of Scouting Events and to empower the human resources of the BSP through capacity building, which is one of the six (6) key strategic areas in the BSP's Major Final Output of Membership Growth, the Basic Management Course (BMC) shall be conducted in lieu of the National Training School at the Philippines Scouting Center for the Asia Pacific Region in Mt. Makiling, Los Baños, Laguna on 22 June to 06 July 2015.

The BMC is designed to equip scout executives, managers/supervisors with an all-encompassing management perspective, through an understanding of the basic management principles and skills and the overall functional organization of the BSP and the cross-functional relationships among its operating groups for a collective approach to management.

The Objectives of the Course are:

1. To understand organizational functional units and relationships
2. To experience the management process
3. To practice effective management skills
4. To develop analytical and problem-solving skills
5. To enhance self-confidence
6. To learn and use effective skills in communication and presentation

Methodology

1. Participative discussion to enable participants to live through the management process and be able to practice effective management skills.
2. Case analysis and problem solving.
3. Public speaking and presentations/role-playing to improve communication skills and self-confidence.
4. Focus Group discussions and exchange of ideas to provide opportunities for learning from the experience of other participants.
5. Workshops and action planning.

Who Should Attend

Encouraged to attend are Council Scout Executives, Field Scout Executives, and First-line Managers/Unit Supervisors with permanent appointment.

The BMC is good for 40 participants only with a quota of at least 4 participants per region.

-
- Basic Management Course, 22 June-06 July 2015
Philippines Scouting Center for APR, Makiling, Los Baños, Laguna
 - Midyear Performance Review, 2Q General Assembly and Sports Fest 2015

Qualifications of Participants

1. Must be in good health
2. At least college graduate
3. At least 23 years old but not more than 45 years old
4. Must have taken at least the Basic Course for any section
5. Must be currently employed with a permanent appointment in the Local Council/Regional Office/National Office

Note: The participant must sign a service contract to render at least two (2) years of service to the organization after completing the BMC

The Regional Scout Director (RSD) shall ensure that the candidate meets all the aforementioned requirements. Efforts should be exerted to assist and prepare the candidates for this course. The RSD shall interview the candidate/s to determine his/their capability to take the course as well as his potential for leadership in the BSP before endorsing the application/s to attend the course to the BSP-National Office (BSP-NO).

Participant Counterpart

The BMC is subsidized by the BSP-NO. A participant counterpart of **TEN THOUSAND FIVE HUNDRED PESOS (Php10,500.00)** only must be paid upon application/registration to cover for board and lodging expenses.

Deadline for Application

Enclosed is a copy of the "Application for Admission to the BSP Basic Management Course" to be accomplished by the candidate. This form may be reproduced as needed. The application to attend the BMC with the proof of payment of the participant's counterpart must reach BSP-NO **not later than 15 June 2015** together with the following documents:

1. Endorsement of the Regional Scout Director
2. Medical Certificate certifying that the candidate is fit to attend the BMC
3. Transcript of Academic Records
4. Accomplished Personal Data Sheet (PDS)

Processing of Application

All application forms to attend the BMC must be submitted to the RO for evaluation and recommending approval before deadline. Approval of applications shall be issued by BSP-NO through the Regional Office.

Payment through NaFCO

Requests and Local Council Resolution for NaFCO withdrawal for the payment of participant counterpart must be received by BSPNO **not later than 15 June 2015**. NaFCO requests after the deadline or presented at the venue will not be considered.

Reporting Date

All confirmed participants must answer the roll call at the venue from **1300H-1800H of 22 June 2015** to ensure acceptance to the course.

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What to Bring

Two (2) sets of Type A uniform
Executive/Business attire
Personal clothing, medicines and toiletries
Clothes for sports activities
Laptop and internet connectivity
Local Council operations and management data
Assessment and recommendation of the RSD

For more details and inquiries, contact the Administration Division c/o Ms. Aliw B. Delos Reyes, HRMO at delosreyesaliw@yahoo.com or Florencio B. Atinyao, Director for Administration at flor.atinyao@gmail.com.

For your information, guidance and compliance.


WENDEL E. AVISADO

Secretary General

- Encl: 1) Application for Admission to the BSP Basic Management Course
2) Personal Data Sheet (PDS)

The Objectives of the Course are:

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PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with "✓" and use separate sheet if necessary.

1. CS ID No.

(to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME																																	
FIRST NAME																																	
MIDDLE NAME		3. NAME EXTENSION (e.g. Jr., Sr.)																															
4. DATE OF BIRTH (mm/dd/yyyy)										/		/		16. RESIDENTIAL ADDRESS																			
5. PLACE OF BIRTH																																	
6. SEX										<input type="checkbox"/> Male <input type="checkbox"/> Female																							
7. CIVIL STATUS										<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____																							
8. CITIZENSHIP												17. TELEPHONE NO.										18. PERMANENT ADDRESS											
9. HEIGHT (m)																																	
10. WEIGHT (kg)																																	
11. BLOOD TYPE																																	
12. GSIS ID NO.												19. TELEPHONE NO.										20. E-MAIL ADDRESS (if any)											
13. PAG-IBIG ID NO.																																	
14. PHILHEALTH NO.																																	
15. SSS NO.																																	
												21. CELLPHONE NO. (if any)																					
												22. AGENCY EMPLOYEE NO.																					
												23. TIN																					

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME																				25. NAME OF CHILD (Write full name and list all)										DATE OF BIRTH (mm/dd/yyyy)																			
FIRST NAME																																																	
MIDDLE NAME																																																	
OCCUPATION																																																	
EMPLOYER/BUS. NAME																																																	
BUSINESS ADDRESS																																																	
TELEPHONE NO.																																																	
(Continue on separate sheet if necessary)																																																	
26. FATHER'S SURNAME																																																	
FIRST NAME																																																	
MIDDLE NAME																																																	
27. MOTHER'S MAIDEN NAME																																																	
SURNAME																																																	
FIRST NAME																																																	
MIDDLE NAME																				(Continue on separate sheet if necessary)																													

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY							
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	DATE OF RELEASE

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Yes / No)
From	To						
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(Continue on separate sheet if necessary)

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

31.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33.	SPECIAL SKILLS / HOBBIES:	34.	NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

<div>36. Are you related by consanguinity or affinity to any of the following :</div> <div><div>a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?</div><div>b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?</div></div>	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <div></div><div></div><div></div></div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <div></div><div></div><div></div></div>
<div>37 a. Have you ever been formally charged?</div> <div>b. Have you ever been guilty of any administrative offense?</div>	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <div></div><div></div></div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <div></div><div></div></div>
<div>38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <div></div><div></div></div>
<div>39. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?</div>	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <div></div><div></div></div>
<div>40. Have you ever been a candidate in a national or local election (except Barangay election)?</div>	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <div></div><div></div></div>
<div>41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</div> <div><div>a. Are you a member of any indigenous group?</div><div>b. Are you differently abled?</div><div>c. Are you a solo parent?</div></div>	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: <div></div></div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: <div></div></div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: <div></div></div>

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)		
NAME	ADDRESS	TEL. NO.
<div>43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.</div>		
<div><div>COMMUNITY TAX CERTIFICATE NO.</div><div>ISSUED AT</div><div>/ /</div><div>ISSUED ON (mm/dd/yyyy)</div></div>	<div><div></div><div>SIGNATURE (Sign inside the box)</div><div></div><div>DATE ACCOMPLISHED</div></div>	<div><div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) Computer generated or xerox copy of picture is not acceptable</div><div>PHOTO</div><div></div><div>RIGHT THUMBMARK</div></div>
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