



DEPED-TAY-DM-SGOD-19-240

ТО	:	CHIEF EDUCATION SUPERVISORS HEADS, PUBLIC ELEMENTARY AND SECONDARY SCHOOLS HEADS, UNIT/SECTION ALL OTHERS CONCERNED
FOR	:	CATHERINE P. TALAVERA, CESO VI
		Schools Division Superintendent
BY	:	IMELDA C. RAYMUNDO
		Chief-Curriculum Implementation Division
SUBJECT	:	SUBMISSION OF NAMES AND DOCUMENTS
		FOR THE NOMINEES TO THE DIVISION'S POOL OF FACILITATORS/WRITERS
DATE	;	AUGUST 20, 2019

1. Pursuant to the Implementing Rules and Regulations of Republic Act No. 9155 and the operationalization of the capability building component of the Basic Education Sector Reform Agenda (BESRA), the Training and Development Systems Framework, SDO Tayabas hereby strengthens its institutionalization in the Division Level and in the schools.

2. In relation to this, we request the school heads to recommend potential trainers/facilitators/writers to assist the SDO in developing training programs and support in the conduct of various trainings in the division. Specifically, the personnel who will pass the screening shall be capacitated to:

a. develop the KSAs for facilitation and management of learning and learning environment;

b. craft training proposal, training design, session guide, slide decks, among others, for training programs in the division/schools.

3. The school heads shall consider the following qualifications in recommending applicants:

a. must hold a permanent position;

b. physically fit and preferably 50 years old and below;

c. must have at a rating performance of at least Very Satisfactory in the last two years;

d. must be computer literate;

e. must have a good command of English and Filipino, both verbal and written;

f. must have attended at least 24 hour training or workshop in the K to 12 curriculum on any topic

We, the personnel of the City Schools Division of the City of Tayabas commit to continuously SOAR HIGH. S-attsfy customers' needs O-ptimize the use of ICT enabled system A-dvocate the promotion of heality schools R ender timely and responsive service H-ety create a child-friendly workplace II-attegrate QMS in all SDO activities G overn a gender sensitive and afge workplace II-att quality standard









(042) 710-0329 or (042) 797-0773

4. Applicants should submit to the Division Screening Committee, SGOD-HRDD the following documents on or before August 27, 2019:

a. application form (Enclosure No.1);

b. medical certificate from accredited government physician/hospital indicating physical fitness to train and travel;

c. performance rating for the past two years;

d. letter of recommendation from immediate superior;

e. accomplished character reference form (Enclosure No. 2);

f. certificate on K to 12 training; and

g. certificate of recognition/commendation/merit for being a facilitator, trainer, resource speaker, etc.

5. Immediate and wide dissemination of this memorandum is desired.

Encl.:

As stated

 We, the personnel of the City Schools Division of the City of Tayabas commit to continuously SOAR HIGH.

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 O-ptimize the use of ICT enabled system

 H-etp create a child-friendly environment
 I-ntegrate QMS in all SDO activities

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 H-ail quality standards









Republic of the Philippines Department of Education Region IV-A CALABARZON Province of Quezon CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS Brgv. Potol. Tavabas Citv



Enclosure No.1

DIVISIONS' FACILITATORS POOL

APPLICATION FORM

Last Name:	First Name:		Middle Name					
Birth Date:		Sex:						
Position:		School:						
List of Trainings on Training Management and Facilitation Attended (Use Additional Sheets if								
necessary) (If there's any)								
Title	Inclusiv	nclusive Dates		Provider				
			_					
List of Trainings/ Topics Facilitated (use additional sheets if necessary)(If there's any)								
Title	Inclusiv	Inclusive Dates		Topics Presented				





Enclosure No.2

CHARACTER REFERENCE

CONFIDENTIAL

One copy to be filled out by immediate supervisor and another by a co-worker or peer. Filled out copies should be placed in a sealed mail envelop and signed before submission to the screening committee.

Name of Nominee:	Position:
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- 1. How long have you known the nominee years /months)
- 2. In what connection, or under what circumstances, have you known him/her?
- 3. Please rate the nominee in terms of the dimensions, which have been identified as critical to program performance. The checklist below is intended to facilitate your assessment. If you wish you may also write a separate letter as an addition to this form.

Dimen	sion	No of Basis for judgement	Below Average	Above Average	Excellent/Outstanding
1.	Integrity				
2.	Work Ethics				
3.	Interpersonal Skills				
4.	Time Management				
5.	Stress Management				

4. How this person be able to contribute in providing better training programs? He/ She is passionate and committed to her work. He/ She has high level of tolerance.

(Signature over Printed Name)