

MEMORANDUM

TO: OIC-Assistant Schools Division Superintendent
Chiefs, Curriculum Implementation Division and
Schools Governance Operations Division
Public Schools District Supervisors
All Public Elementary and Secondary School Heads

FROM: *for* *R. Bautista* **DR. ROMMEL C. BAUTISTA, CESO V**
Schools Division Superintendent

SUBJECT: Screening of Applicants to the 2nd Regional Scholarship for SEAMEO
INNOTECH Regional Scholarship for Education Leaders
and Managers (Regional SELM)

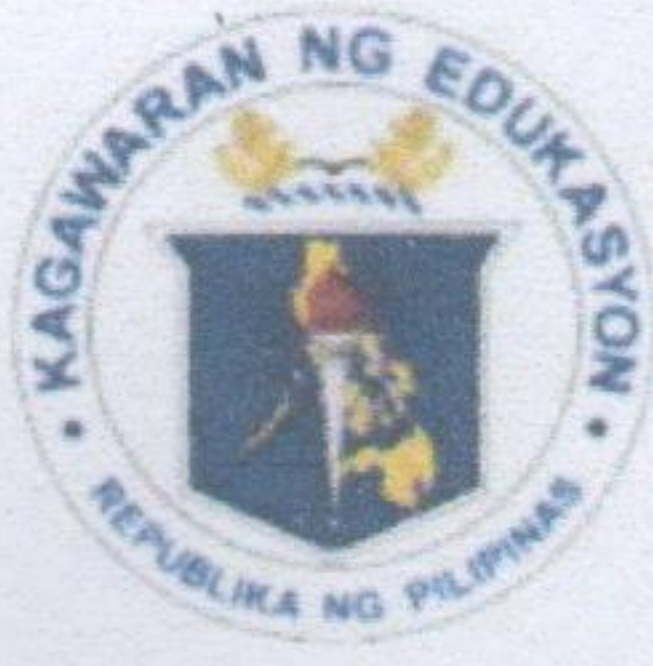
DATE: March 21, 2016

Per DepEd Memorandum Scholarship No. 8, s. 2016 2nd Regional Scholarship for SEAMEO INNOTECH Regional Scholarship for Education Leaders and Managers (Regional SELM), this office invites interested school heads to submit their documents and letter of intent addressed to the schools division superintendent for screening purposes on March 21, 2016.

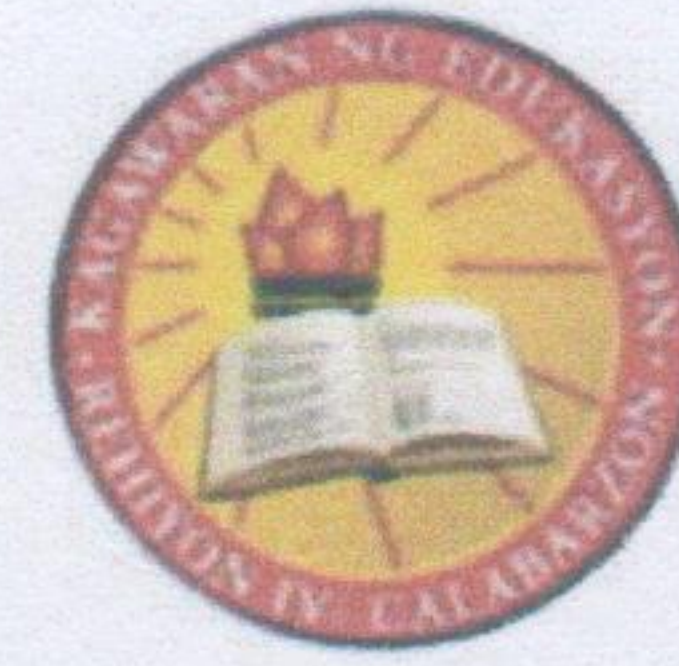
Attached herewith are the list of requirements and other forms to be completed.

Immediate and wide dissemination of this Memorandum is desired.

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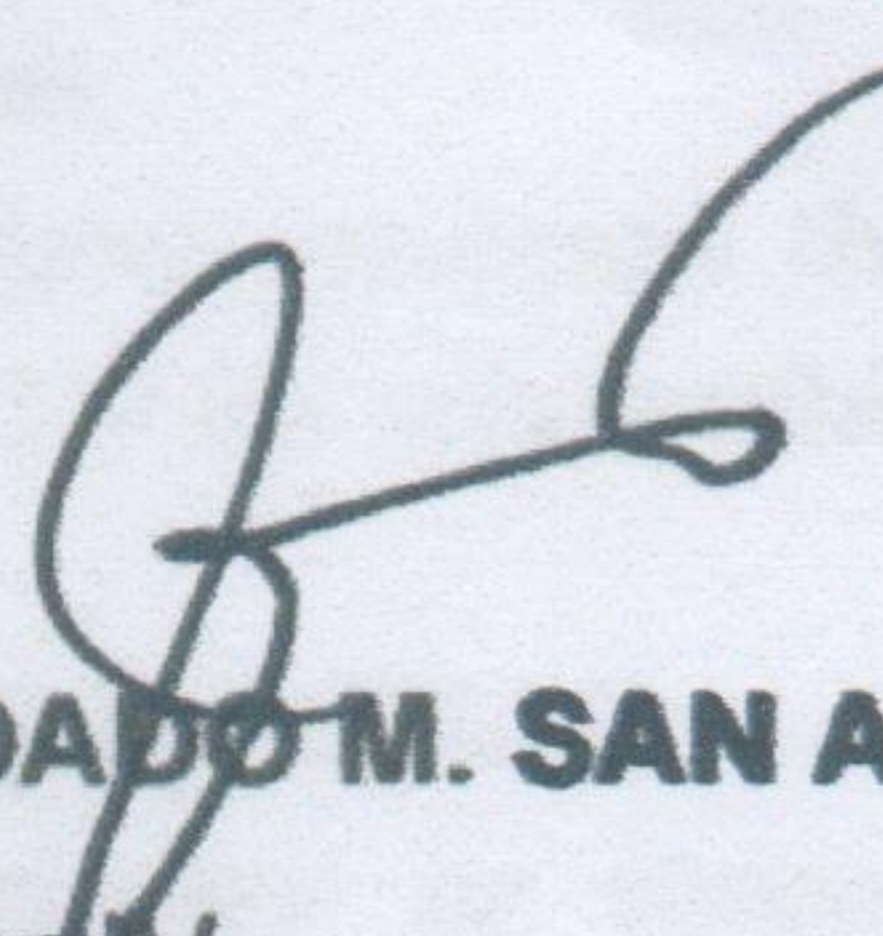
Republic of the Philippines
DEPARTMENT OF EDUCATION
REGION IV-A CALABARZON
Gate 2, Karangalan Village, Cainta Rizal

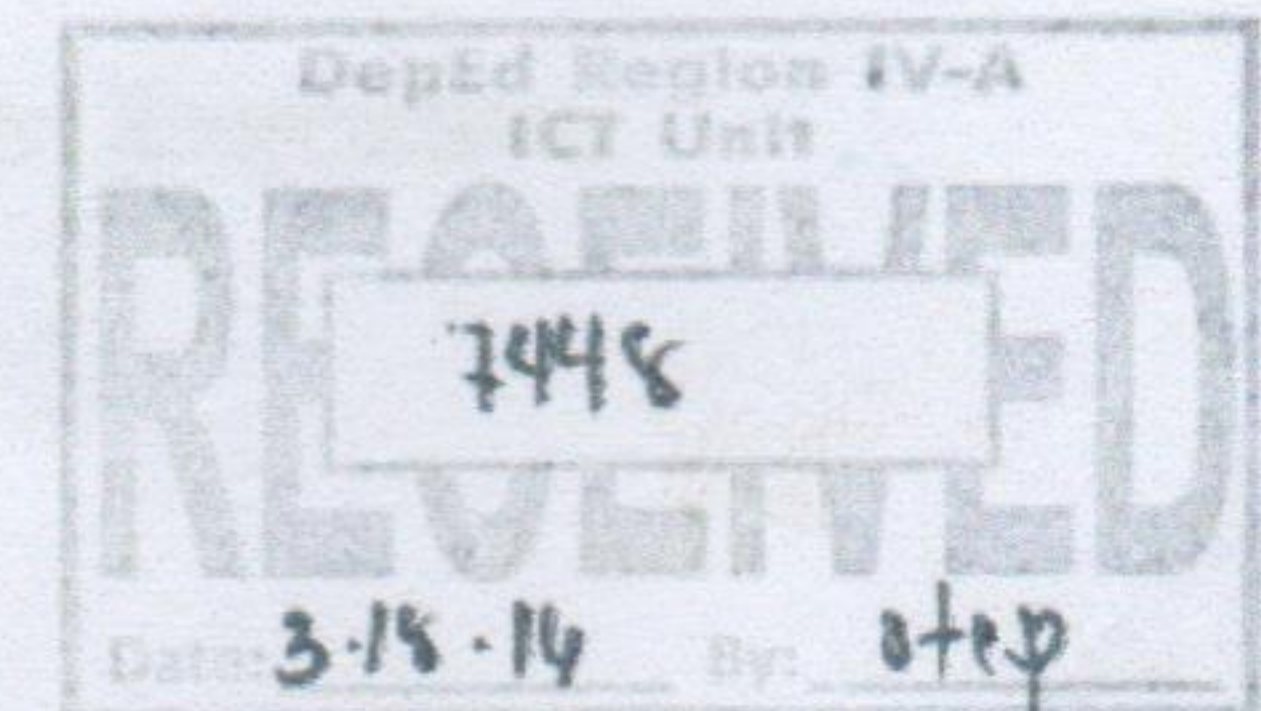


REGIONAL MEMORANDUM

NO. 071 s. 2016

To : **ALL SCHOOLS DIVISION SUPERINTENDENTS**

From : 
DIOSDADO M. SAN ANTONIO
Director IV



Subject : **Screening of applicants to the 2nd Regional Scholarship for SEAMEO INNOTECH Regional Scholarship for Education Leaders and Managers (Regional SELM)**

Date : **March 17, 2016**

Per DepEd Memorandum Scholarship No. 8, s. 2016 2nd Regional Scholarship for SEAMEO INNOTECH Regional Scholarship for Education Leaders and Managers (Regional SELM), this Office will conduct screening of documents of interested applicants. In this regard, all Schools Division Offices (SDOs) are advised to identify qualified school heads preferably those who topped the National Qualifying Examination for School Heads and Principals to submit necessary documents as indicated in Annex A-List of Requirements for screening purposes on or before March 21, 2016.

Immediate dissemination of and appropriate action ~~on~~ this memorandum is desired.



LIST OF REQUIREMENTS

A. Qualifications

1. General

- a. Must have a college degree related to the field of study or have sufficiently demonstrated ability and experience in the field of study
- b. Must be holding a permanent appointment
- c. **Candidates must have rendered at least three (3) years of service**
- d. Must have obtained at least a *Very Satisfactory* Performance Rating for two (2) consecutive rating periods immediately preceding the nomination
- e. Must not have a pending application for scholarship under another program
- f. Must have rendered the service obligation required under Executive Order 367 for scholarship recently concluded

2. Program (Regional SELM)

- a. For primary or secondary school heads: At least five (5) years experience as school heads and with proven experience in introducing and implementing strategic changes and innovations in their school
- b. For educational officer: Must be responsible in designing and managing learning programs for school leaders
- c. Filipino citizen
- d. Must be computer literate and have access to an internet connection (for online interactions)
- e. Medically fit as certified by a government physician
- f. Able to understand, speak and write in English
- g. Able and willing to utilize course learning as well as share them with other school heads upon return to their work station
- h. Not over 50 years of age

B. Documentary

1. To be submitted prior to the deadline for screening and evaluation:

- a. Letter of Application addressed to the donor organization
- b. Letter of Nomination addressed to the Chairman of DepEd Scholarship Committee signed by applicants' respective Regional Director or his / her duly authorized official
- c. Personal Data Sheet with a list of in-service trainings and other seminars attended (*Please indicate the complete name of the organizer;*

seminars attended (Please indicate the complete name of the organizer; refrain from using acronyms. Indicate the complete title of the training. The Certificates of Attendance / Participation NEED NOT be submitted.)

- d. Certified copy of statement of actual duties and responsibilities**
- e. Photocopy of passport**

2. To be submitted upon acceptance:

- a. Certified true copy of Service Record**
- b. Photocopy of diploma for all degrees attained**
- c. Photocopy of Transcript of Records for all degrees attained**
- d. Certification from the Head of Office that the nominee has no pending application for scholarship under another program**
- e. Certification that the nominee has no pending administrative and / or criminal case**
- f. Certification from the concerned office that the nominee has no financial and other office accountabilities**
- g. Scholarship Contract**

AND SCHEDULE:

ON INSTRUCTIONAL LEADERSHIP

Phase 1: June 6-20, 2016

Phase 2: July 13-20, 2016

Phase 3: August 22-25, 2016

TITLE <small>(i.e. Mr/Ms/Ms/Drs)</small>		LAST NAME (Family Name)		FIRST NAME (Given Name)		MIDDLE NAME	
POSITION/ DESIGNATION			NICKNAME		NATIONALITY		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
BIRTH DATE <small>(mm/dd/yyyy)</small>		AGE	RELIGION	DIETARY RESTRICTION		CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____	
INSTITUTION NAME				MOBILE NUMBER		E-MAIL ADDRESS	
INSTITUTION ADDRESS No. and Street _____ Town _____ City/ Province _____ State/ Region _____ Country _____ Tel: (____) _____ Fax: (____) _____ Website: _____				COMMUNICATION SKILLS			COMPUTER LITERACY
				Language _____	Understand <input type="checkbox"/>	Read/Write <input type="checkbox"/>	Speak <input type="checkbox"/>
						Word Processing <input type="checkbox"/>	
						Spread Sheet <input type="checkbox"/>	
						Presentation <input type="checkbox"/>	
						Internet <input type="checkbox"/>	
				Have you attended any SEAMEO INNOTECH Program before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				If YES, what course and when? _____			
EDUCATIONAL ATTAINMENT							
Degree		Specialization			Year Completed		Remarks
EMPLOYMENT HISTORY (in the last 5 years)							
Position		Institution			City/ Province		From
							To
No. of Yrs. of Experience in Social Welfare and Development Work		No. of Yrs. of Experience in Early Childhood Care and Development Work			No. of Day Care Workers being supervised		
RELATED TRAINING PROGRAMS ATTENDED (in the last 3 years)							
Program Title						Program Dates	
CONTACT IN CASE OF EMERGENCY							
Name:				Relationship:			
Address:				Contact/ Mobile Number:			

SEAMED INNOTECH takes data privacy seriously. As such, personal information that you share with us are treated with utmost care and sensitivity.

All personal details and photo/ video/ audio documentation related to your participation in SEAMED INNOTECH programs/projects/activities are managed by the Center for educational purposes. Such are gathered for the following reasons:

- for use in Center-generated reports, documents, publications and audio-video productions;
- for inclusion in databases of Center participants, partners and stakeholders;
- to make appropriate logistical arrangements, whenever necessary;
- to contact you for any updates related to Center programs/activities, as well as address queries and questions that you may have;
- to identify persons to contact in case of emergency; and
- to send evaluation instruments and other post-program/post-activity documents as needed.

The Center assures you that we will only use your personal details and photo/ video/ audio documentation for non-commercial purposes. Adequate control, means and access to your personal data are in place to ensure the safety, integrity and confidentiality of information that you have shared.

Signing on the space provided below signifies that you have read and understood the data privacy policy of SEAMED INNOTECH. Further, you are certifying that the information contained herein is true and correct, and you have given consent to the collection and use of your personal information, as well as photo/video/audio documentation for purposes stated above.

(Signature over Printed Name)

Date: _____