



Republic of the Philippines
Department of Education
Region VII, Central Visayas



DIVISION OF CEBU PROVINCE

Sudlon, Lahug, Cebu City

SEP 30 2016

DIVISION MEMORANDUM

No. 599 s.2016

GSP REGIONAL TRAINING COURSE 2016

**TO: Assistant Superintendents
Chiefs/Education Supervisors/Coordinators
District Supervisors/OICs
Secondary and Elementary School Heads
Heads, Private Elementary and Secondary Schools**

1. For the information and guidance of all concerned, attached is copy of the communication of the Girl Scouts of the Philippines Cebu Council Scout Executive – Ms. Jo Ann Marie P. Jayme **inviting the field to send participants to the “Regional Training School 2016” at MYVRPTC – Camp Marina, Cebu City on November 18 - 30, 2016.**
2. Interested participants are advised to coordinate to this Office c/o EPS – Jane O. Gurrea for issuance of **Authority To Travel.**
3. Immediate and wide dissemination of this Memorandum is desired.


RHEA MAR A. ANGUTD, Ed. D. CESO VI
Schools Division Superintendent 



GIRL SCOUTS OF THE PHILIPPINES
Cebu Council

Handwritten number: 34098

September 22, 2016

DR. RHEA MAR A. ANGTUD
Schools Division Superintendent
Department of Education
Cebu Province Division

Dear Dr. Angtud:

We would like to invite you to send participants to the Regional Training School 2016 which will be held at MYVRPTC "Camp Marina", Cebu City on November 18 - 30, 2016 with the following courses offered:

Course	Date	Fee
Age Level Course	November 18 - 21, 2016	P 3,000.00
Camper's Permit	November 18 - 21, 2016	3,000.00
Quartermaster's	November 22 - 24, 2016	2,800.00
Training for Trainers Course	November 26 - 30, 2016	3,200.00
Star Holiday Course	November 26 - 30, 2016	3,200.00

Things to bring:

- 2 sets of new business uniform
- Alternate uniform
- Closed Black Shoes
- Semi-formal dress
- Jogging/physical fitness outfit
- Rubber shoes, slippers
- Sit-upon
- Toiletries, towels
- Flashlight, first aid kit
- Personal medicines
- Writing materials, references
- Shoeshine kit
- Ground sheet, bedroll, knife & camp hat (for Camper's Permit)
- Scrapbook and Art Materials
- Camera (Optional)

We encourage your Division to send participants to any of the courses so that we can develop/produce more troop leaders/trainers who can help/support the council improve the many facets of the training program. Please confirm number of participants per course on or before October 15, 2016 for us to determine whether to pursue the course or not if number of participants will not warrant to the standard required number of at least twelve (12) participants per course.

The participants are expected to be at the training venue at 8:00am in the morning of Day 1 and leave after the PM snacks on the last day of every course. First meal is breakfast of first day and last meal is afternoon snacks of the last day.

Attached are the following:
-Participants Information Sheet
-Participants Health Forms

We do hope you can send participants to this event from your Division.

We truly appreciate your support which strengthens our concerted effort to maintain quality Girl Scouting program both for the girls and adult members.

Sincerely yours,

Handwritten signature of Jo Ann Marie P. Jayme
JO ANN MARIE P. JAYME
Council Executive

CC: Mrs. Jane O. Gurrea
Division Scouting Coordinator

Gov. M. Cuenco Ave., Brgy. Apas, Cebu City
Tel. Nos. 2322777 or 2316968
E.mail: gsp_y_cebu@yahoo.com.ph
gsp.y.cebu@gmail.com

Girl Scouts of the Philippines
National Headquarters
Manila

Troop No. _____
 Girl
 Adult

Council: _____
 Region : _____
 Course : _____

INFORMATION SHEET

Name (Please Print) _____
Last
First
M.I.
Nickname

Date of Birth _____ Age _____ Civil Status _____
Month
Day
Year

Home Address _____
Telephone
Number

Business Address _____
Telephone Number _____

E-Mail Address _____ Fax Number _____

Educational Attainment _____

Present Occupation _____

Person to Contact in Case of Emergency _____

Relationship _____ Telephone Number _____

Address _____

Present position/s in Girl Scouting _____

1. Volunteer Activities/Involvements in GSP and Other Organizations. (Please check)

	Year
<input type="checkbox"/> Girl Scout	_____
<input type="checkbox"/> Troop Leader	_____
<input type="radio"/> Twinkler <input type="radio"/> Junior <input type="radio"/> Cadet	
<input type="radio"/> Star <input type="radio"/> Senior	
<input type="checkbox"/> Trainer	_____
<input type="checkbox"/> Council Board Member	_____
<input type="checkbox"/> Standing Committee Member	_____
<input type="checkbox"/> District Field Adviser	_____
<input type="checkbox"/> District Committee Member	_____
<input type="checkbox"/> Barangay Girl Scout Committee Member	_____
<input type="checkbox"/> Other (Please specify)	_____
_____	_____
_____	_____

2. Girl Scouting Training Courses Taken. (Please check)

	Year Taken		Year Taken
<input type="checkbox"/> Orientation to Girl Scouting	_____	Quartermasters' Course	_____
Basic Course	_____	Star Holiday Course	_____
Specialization Course	_____	Training for Trainers	_____
Outdoor Course	_____	Trainers Update	_____
Troop Leadership Course	_____	GS Office Management	_____
Badgework Workshop	_____	Council Administration	_____
Campers Permit Course	_____	_____	_____
Camp Management Course	_____	_____	_____

3. Qualification/Credentials earned. (Please check)

	Year Earned		
Campcraft	_____	QM Certificate	_____
Camper's Permit	_____	Trainer's Credentials	_____
Camper's License	_____	Specialist Trainer	_____
Star Holiday Permit	_____	Trainer's Diploma	_____

4. Place/Year of Last Attendance at NTS _____
Place Year

5. Scholarships/Awards Received in Girl Scouting/Others _____
Year

6. Special Interests _____

7. Special Abilities/Skills _____

8. Food Prohibition/Restriction _____

Signature

Date

**GIRL SCOUTS OF THE PHILIPPINES
NATIONAL HEADQUARTERS
MANILA**

HEALTH EXAMINATION FORM

Name _____ Birth Date _____
 Surname First Middle

Parent Guardian _____ Phone _____

Home Address _____
 Street & Number Town/City Province

In case of emergency notify _____ Phone _____

Address _____

HEALTH HISTORY: (check - giving approximate dates)

Frequent Colds _____ Kidney Trouble _____ Chickenpox _____

Abscessed Ears _____ Convulsion _____ Mumps _____

Fainting _____ Sleep Walking _____ Whooping Cough _____

Frequent Sore Throats _____ Measles _____

Sinusitis _____ Heart Trouble _____

Bronchitis _____ **Rheumatic Fever** _____

Stomach Upset _____ Athlete's Foot _____

Constipation _____ Tuberculosis _____

Operations or serious injuries _____ Diabetes _____

Allergic Reactions:

 Penicillin _____ Other Drugs _____

Details of above or additional information _____

Any specific activities to be encouraged? _____
 Restricted? _____

IMPORTANT : Please notify the camp if this applicant is exposed to any communicable disease during the three weeks prior to camp attendance.

Suggestions from Parent/Guardian

_____ : in case of Surgical Emergency : I hereby
 _____ give permission to the physician
 _____ : selected by the camp director to hospitalize, :
 _____ secure prior treatment for, and to order
 _____ : injection, anesthesia or surgery for my
 _____ : daughter as named above.
 _____ :
 _____ **Signature** _____

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 _____ :

Signature _____

Date _____

PHYSICAL EXAMINATION - to be filled out by licensed physician

Code V - Satisfactory

X - Not Satisfactory (explain)

Height _____	Blood Pressure _____	Circulatory System _____	Blood Analysis _____
Weight _____		Urinalysis _____	
Eyes _____		Loco-motor System _____	
Eye glasses _____		Nervous System _____	
Ears _____		Skin _____	
Nose _____		Allergy - Please specify _____	
Throat _____			
Teeth _____			
Heart _____		General Appraisal _____	
Lungs _____		Menstrual History _____	
Abdomen _____			
Genitalia _____			
Kernia _____			

Recommendations and restrictions (diet, medicine, swimming, diving, etc.)

Immunizations:

D.P.T Series _____	Booster _____	Date _____	Tetanus Booster _____	Date _____
Typhoid Series _____	Booster _____	Date _____	(if requires by camp)	
Small Pox _____			Date _____	

Examining Physician

Telephone _____ Address _____

Date _____