



Republic of the Philippines
Department of Education
Cordillera Administrative Region

ADVISORY No. 048, s. 2023
May 19, 2023

In compliance with DepEd Order (DO) No. 8, s. 2013
This advisory is issued not for endorsement per DO 28, S. 2001,
but only for the information of DepEd officials,
Personnel/staff, as well as the concerned public.
(visit www.deped.gov.ph)

ADVANCE TRAINING COURSE FOR SAFETY OFFICER III

The ACTSAFE Health and Environmental Corporation, a DOLE-OSHC Accredited Training Organization, is inviting participants to their online training for Safety Officer 3 (Loss Control Management (LCM) + HIRAC) on May 29-June 2, 2023.

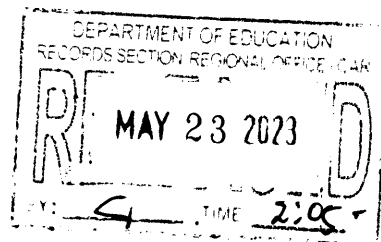
Participants must have undergone Safety Officer 2 training and shall pay a training fee of Four Thousand Five Hundred Pesos (PhP 4,500.00).

Interested participants shall attend the training at their own expense.

Attached is the company's Training Consent and Authorization Form for your reference. For more information on the registration and training requirements, you may contact Ms. Jessica Ciudadano at the following email and cellphone numbers:

Email add: jeckypaciudadano@gmail.com/
AHECjessicaciudadano@gmail.com
CP number: 09317146820/09568569393

ESSD/EHM/epm/SafetyOfficerTraining
RECORDS-ISH01-23-67/05 19 2023 *g*



J.P. Enciong
JOHN P. ENCIONG



ACTSAFE, HEALTH & ENVIRONMENTAL CORPORATION

DOLE-OSHC Accreditation No.: 1030-09-121

Contact Us At: jeckypaciudadano@gmail.com or JEJessicaCiudadano@gmail.com

Corporate Mobile No.: 09568569393/09

Training Consent and Authorization Form

The Actsafe, Health and Environmental Corporation is committed to compliance of Data Privacy Act of 2012. By signing the agreement below the participants agreed to give the training center consent and authorization to process information, stored and submit to authority in accordance with Data Privacy Act of 2012. Agreement to all these provisions below is a condition to registration and participations on Occupational Safety and Health Training in compliance to Department Order 198-18 the IRR of the Republic Act 11058 "AN ACT STRENGTHENING COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS AND PROVIDING PENALTIES FOR VIOLATIONS THEREOF" under the regulations of Occupational Safety and Health Center (OSHC) of the Department of Labor and Employment (DOLE).

The following are the terms and training policy:

- I hereby certify that I will submit the following requirements prior to acceptance on registration:
 - Fully accomplished Course Registration Form.
 - Signed consent/authorization form regarding the recorded online training and acceptance of the Online OSH Training Policy.
 - Copy of Proof of Payment.
 - Copy of two (2) valid issued government IDs (front and back).
 - 2x2 ID photo taken for the last 3 months.
- I shall abide by all the regulations and policies on Occupational Safety and Health Training of the Accredited Safety Training Organizations (The Actsafe, Health and Environmental Corporation).
- I hereby authorize and give voluntary consent to Actsafe, Health and Environmental Corporation to collect and process the information stated herein and training related documents and information.
- I agree, authorize and give my consent to Actsafe, Health and Environmental Corporation to record the training for the purpose of complying the requirements of Occupational Safety and Health Center (OSHC) monitoring and evaluation process.
- I hereby agree with the policy of deferment. In case a participant wishes to defer or withdraw their enrollment, he or she should notify ACTSAFE through email or call/text stating the reasons why he/she will withdraw or defer the registration at least five (5) days before the online classes start.
- By Signing below, I agree to all the terms and conditions stated herein and to all the policies of Actsafe, Health and Environmental Corporation and that my agreement to all those stated above is among the conditions to my training enrollment.

Printed Name & Signature of Participants.

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actsafe2

<https://www.actsafe.com>

121 JMK Buidling, 3F Room 314, West Avenue, City

ACTS HEALTH & ENVIRONMENTAL CO

DOLE BWC Accreditation No.: 1030-09-121

PARTICIPANT REGISTRATION FORM

Name of Participant: (Complete Name and Middle Name)

Address:

Contact No.:

Email Address:

Age:

Company (If Applicable):

Designation:

Company Address:

Company's Contact Number:

Company's Email:

Total Number of Workers:

Industry: _____

Company TIN #:

Note: Pls. Indicate your Facebook account for our Group Chat in messenger (kindly screenshot)

Region:

Course and Training Date:

Training Course DOLE-BWC Prescribed: (Please check)

Basic OSH Training SO1 & SO2

Advance OSH Training for SO3 & SO4

BOSH 40Hours

LCM 40Hours

COSH 40Hours

SPHA 40Hours

10Hours BOSH SO1

TOT 24Hours

For 1 Day and 2 Days OSH Training: _____

For International OSH Training: _____

Mode of Payment: (Please check)

Cash:

Bank Transfer:

Other method:

(GCASH,PPS Padala,etc)

Please send your payment advice, 2 Valid Identification Card, 2x2 Photo ID, Consent and your registration details via email below or you may contact the corporate mobile number for further information:

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https://actsafe2.com

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