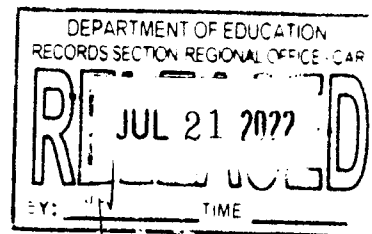




Republic of the Philippines
Department of Education
Cordillera Administrative Region



July 21, 2022

REGIONAL MEMORANDUM

No. 360 . 2022

**ADDENDUM AND CORRIGENDUM TO DM-CI-2022-00209 AND
ADVISORY NO. 052 S. 2022 (CONDUCT OF THE TRAINING FOR SHS
TECHNICAL VOCATIONAL LIVELIHOOD (TVL) TEACHERS ON
TRAINERS METHODOLOGY (TM) LEVEL 1)**

To: Assistant Regional Director
Schools Division Superintendents
Education Program Supervisors-EPP/TLE/TVL
All Others Concerned

1. With reference to DM-CI-2022-00209 and Advisory No. 052 s. 2022, the conduct of the **Training for SHS Technical Vocational Livelihood (TVL) Teachers on Trainers Methodology (TM) Level 1** on July 11 to August 6, 2022 is rescheduled on July 25 to August 26, 2022. The Phase 1 of the training will be held on **July 25 to August 3, 2022** at the **SNC Hall, DepEd-CAR, Wangal, La Trinidad**.
2. Furthermore, the identified participants are directed to accomplish and submit the following documents as a requirement of the training:
 - a. photocopy of the National Certificate II earned;
 - b. enrolment form;
 - c. copy of the Birth Certificate (NSO or PSA);
 - d. school Record (Transcript of Records); and,
 - e. photo: 2 pcs 1x1 and 1 pc passport size (white background, with collar and no nametag).
3. Attached with this memorandum are the following:
 - a. Enclosure 1: List of Participants with Replacement
 - b. Enclosure 2: Training Matrix of Phase 1
 - c. Enclosure 3: Enrolment Form
4. The other details of the activity contained in the said memorandum shall remain in place.
5. For queries, please contact the OIC-CLMD CES Rosita C. Agnasi or the Education Program Supervisor of EPP/TLE/TVL Jonalyn C. Ambrona at the DepEd-CAR Curriculum and Learning Management Division (CLMD) through this landline number: (074) 422-7096.



6. Immediate and wide dissemination of this memorandum is directed.

ESTELA P. LEON-CARIÑO EdD, CESO III
Director IV/Regional Director

For the Regional Director:

MAKSIM A. BOTILAS PhD
Chief Administrative Officer
In-charge of the Office

Enclosure 1 to RM No. 360. 2022

List of Participants with Replacement

	Name of Participants	School	Division	Remarks/Justification	Name of Replacement	School
1	Alma B. Codman	Lepanto NHS	Benguet	Health Concern	Lea L. Torren	Kamora NHS
2	Altea E. Ramos	Baguio City NHS	Baguio City	Already a TM Passer	Irish Banga-an	Baguio City NHS
3	Caroline S. Lizardo	Dugong NHS	Abra	Not a SHS Teacher	Regine Montejo	Western Abra NHS
4	Crisenta B. Lamog	Tiempo NHS	Abra	Already a TM Passer	Josephine Daodaoen	Boliney NHS
5	Crystaline B. Tabbagon	Bado Dangwa NHS	Tabuk City	Tribal conflict	Sharon P. Celis	Balong NHS
6	Deborah I. Bumanghat	Ifugao TechVoc School	Ifugao	Health concern	Reycelyn B. Corsino	Baguio City NHS
7	Fabby Ann A. Cholinias	Ampucao NHS	Benguet			
8	Hedediah M. Harrison	Tabuk City NHS	Tabuk City			
9	Helen K. Buenconsejo	Haliap NHS	Ifugao	Finished TM Training	Roy C. Lunag	Hungduan NHS
10	Jasmin W. Dulagan	Magtoma Pangol NHS	Kalinga			
11	Jeddy F. Cadawen	New Tanglag NHS	Tabuk City			
12	Jeremie D. Monguiho	Sta. Maria NHS	Ifugao			
13	Joan B. Angway	Balaoa NHS	Mt. Province			
14	Jonalean E. De Guzman	Gaddani NHS	Abra			
15	Linda B. Beyden	Besao NHS	Mt. Province			
16	Louvre F.S. Tangbawan	Dilag Integrated School	Tabuk City			
17	Marcela B. Bacgalang	Balugan NHS	Mt. Province			
18	Marife F. Alay-ay	Evelio Javier NHS	Benguet	Nursing Mother	Denia S. Martin	Kibungan NHS
19	Mary Flor D. Palangi	Caganayan NHS	Abra	Not a SHS Teacher	Virgilia Galera	Mark Ysrael B. Bernos
20	Mary Rose G. Singao	Anonat NAVHS	Mt. Province	Not a SHS Teacher	Josephine L. Lizardo	Bacari NTAS, Paracelis
21	Mercy W. Lunes	Tuba NHS	Benguet			
22	Rhene Ann B. Martin	Lagawe NHS Extension	Ifugao	Not a SHS Teacher	Arden Jay Sabado	Numillangan NHS
23	Vedha G. Lalin	Western Abra NHS	Abra			

List of Technical Working Group

Members	TOR	Number
DepEd Regional Supervisor for TVL	Lead Person	1
Regional Representative/Division Supervisor	Training Managers	3
TESDA Trainer	Resource Person	1
Total		5

Enclosure 2 to RM No. 360 · 2022

**Training of Senior High School Technical and Vocational Livelihood
(SHS-TVL) Teachers on Trainers Methodology (TM) Level 1
July 25-August 3, 2022**

Training Matrix of Phase 1

Date/Time	8 - 9:00 A.M.	9:01 A.M. to 10:00 A.M.	10:31 A.M. to 12:00 Noon	1:00 P.M. to 3:15 P.M.	3:30 P.M. to 5:00 P.M.
July 25, 2022	Registration	Opening Program Part 1 > Opening Proper > House Rules > Setting of Expectations	Opening Program Part 2 > Trainers' Orientation on Course Overview and Pre Assessment	Unit of Competency 1 – Plan Training Session	
Date/Time	8 - 8:15 A.M.	9:01 A.M. to 10:00 A.M.	10:31 A.M. to 12:00 Noon	1:00 P.M. to 3:15 P.M.	3:30 P.M. to 5:00 P.M.
July 26, 2022	MOL	Unit of Competency 1 – Plan Training Session			
July 27, 2022	MOL	Development Workshop 1			
July 28, 2022	MOL	Unit of Competency 2 – Facilitate Learning Session			
July 29, 2022	MOL	Development Workshop 2			
July 30, 2022	MOL	Unit of Competency 3 – Utilize Electronic Media in Facilitating Training		Workshop 3 – Demo Setting of Electronic Media in Facilitating Training	
July 31, 2022	MOL	Unit of Competency 4 – Maintain Training Facilities		Development Workshop 4	
August 1, 2022	MOL	Unit of Competency 5 – Supervise Work-Based Assessment		Development Workshop 5	
August 2, 2022	MOL	Unit of Competency 6 – Conduct Competency Assessment			
August 3, 2022	MOL	Development Workshop 6			

4. Learner/Trainee/Student (Clients) Classification:

<input type="checkbox"/> 4Ps Beneficiary	<input type="checkbox"/> Agrarian Reform Beneficiary	<input type="checkbox"/> Balik Probinsya
<input type="checkbox"/> Displaced Workers	<input type="checkbox"/> Drug Dependents Surrenderers/Surrenderers	<input type="checkbox"/> Family Members of AFP and PNP Killed-in-Action
<input type="checkbox"/> Family Members of AFP and PNP Wounded in-Action	<input type="checkbox"/> Farmers and Fishermen	<input type="checkbox"/> Indigenous People & Cultural Communities
<input type="checkbox"/> Industry Workers	<input type="checkbox"/> Inmates and Detainees	<input type="checkbox"/> MILF Beneficiary
<input type="checkbox"/> Out-of-School-Youth	<input type="checkbox"/> Overseas Filipino Workers (OFW) Dependents	<input type="checkbox"/> RCEF-RESP
<input type="checkbox"/> Rebel Returnees/Decommissioned Combatants	<input type="checkbox"/> Returning/Repatriated Overseas Filipino Workers (OFW)	<input type="checkbox"/> Student
<input type="checkbox"/> TESDA Alumni	<input type="checkbox"/> TVET Trainers	<input type="checkbox"/> Uniformed Personnel
<input type="checkbox"/> Victim of Natural Disasters and Calamities	<input type="checkbox"/> Wounded-in-Action AFP & PNP Personnel	<input type="checkbox"/> Others: _____ (Please Specify)

5. Type of Disability (for Persons with Disability Only): To be filled up by the TESDA personnel

<input type="checkbox"/> Mental/Intellectual	<input type="checkbox"/> Visual Disability	<input type="checkbox"/> Orthopedic (Musculoskeletal) Disability
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Multiple Disabilities, specify
<input type="checkbox"/> Psychosocial Disability	<input type="checkbox"/> Disability Due to Chronic Illness	<input type="checkbox"/> Learning Disability

6. Causes of Disability (for Persons with Disability Only): To be filled up by the TESDA personnel

<input type="checkbox"/> Congenital/Inborn	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury
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7. Name of Course/Qualification

8. If Scholar, What Type of Scholarship Package (TWSP, PESFA, STEP, others)?

9. Privacy Disclaimer

I hereby allow TESDA to use/post my contact details, name, email, cellphone/landline nos. and other information I provided which may be used for processing of my scholarship application, for employment opportunities and for the survey of TESDA programs.

Agree Disagree

10. Applicant's Signature

This is to certify that the information stated above is true and correct.

APPLICANT'S SIGNATURE OVER PRINTED NAME

DATE ACCOMPLISHED

1x1 picture taken within the last 6 months

Noted by:

REGISTRAR/SCHOOL ADMINISTRATOR
(Signature Over Printed Name)

DATE RECEIVED

Right Thumbmark