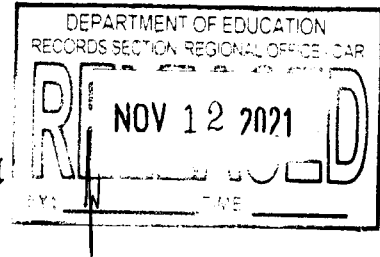




Republic of the Philippines
Department of Education
Cordillera Administrative Region
Wangal, La Trinidad, Benguet



November 11, 2021

REGIONAL MEMORANDUM

No. 537.2021

**CORRIGENDUM AND ADDENDUM TO REGIONAL MEMORANDUM NO. 348 S. 2021
(CONDUCT OF TESDA TRAINER'S METHODOLOGY TRAINING I)**

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

1. In view of the availability of the TESDA TM Trainer, the training of Batch 2 shall be conducted tentatively on November 15, 2021. Furthermore, some participants as attached in the RM 348 s. 2021 shall be replaced due to health situation and the need to employ face-to-face training.
2. In this regard, the identified participants as attached are directed to accomplish and submit the following documents as requirements 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. Schools Division Offices through the EPP/TLE/TVL Education Program Supervisor are requested to facilitate the submission of required documents on or before November 15, 2021. Enclosed with this memorandum are the list of participants and the enrolment form.
4. For queries, please contact Rosita C. Agnasi, OIC-Chief and Jonalyn C. Ambrona, TVL Focal Person at the DepEd-CAR Curriculum and Learning Management Division (CLMD) through this landline number: (074) 422-7096 or mobile number: 09274802989.
5. Immediate and widest dissemination of and compliance with this Memorandum is directed.

ESTELA LEON-CARIÑO Edd, CESO III
Director IV/Regional Director

By Authority of the Regional Director:


FLORANTE E. VERGARA
OIC-Assistant Regional Director

CLMD/RCA/jca



Address: Wangal, La Trinidad, Benguet, 2601
Telephone No: (074) 422 - 1318 | Fax No.: (074) 422-4074
Website: www.depedcar.ph | Email Address: car@deped.gov.ph



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Enclosure to RM No. 537.2021

**Participants to Batch 2 Trainer's Methodology (TM)
Training for TLE/TVL Teachers (Regional Level)**

No.	NAME OF TEACHER	SCHOOL	DIVISION
1	Cindy Ognayon	Pines City NHS	Baguio
2	Fely Kidange	Joaquin Smith NHS	Baguio
3	Francisco Wangag	Happy Hallow NHS	Baguio
4	Grace Gad-oan	Sto. Tomas NHS	Baguio
5	Devina Bitayan	Lindawan NHS	Baguio
6	Mariel Elena Atos	Bokod NHS-Ambangeg Annex	Benguet
7	Arnel A. Albis	Tublay School of Home Industries	Benguet
8	Pepe Toctocan jr.	Benguet NHS	Benguet
9	Xylina Mae Cuidno	BNHS-Puguis Annex	Benguet
10	Jovelyn Bungag	Bedbed NHS	Benguet

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