



BOY SCOUTS OF THE PHILIPPINES BULACAN COUNCIL

City of Malolos 3000
Telefax (044) 796-11-49
Email: bspbulalcancouncil2021@gmail.com

Reproduction No. 126, s. 2023
For dissemination and compliance.
NORMA P. ESTEBAN EdD, CESO V
Schools Division Superintendent
Office of the Schools Division Superintendent
SCHOOLS DIVISION OF BULACAN

26 September 2023

DR. NORMA P. ESTEBAN, CESO V
Schools Division Superintendent
Council Scout Commissioner, BSP-Bulacan Council

Dear **Dr. Esteban**:

The Bulacan Council, Boy Scouts of the Philippines will conduct the **EXCLUSIVE BASIC TRAINING COURSE FOR UNIT LEADERS October 6-8, 2023 (Friday to Sunday) at Sapang Kawayan ES, Norzagaray East District, Norzagaray, Bulacan.**

In this connection, may we request your good office to allow, Principal, Teachers, Scout Leaders/Members, Bulacan Training Team from the Division of Bulacan listed below and served as Course Staff in official business Time and grant service credit and travel order:

TROOP LEADERS COURSE STAFF:

Course Leader	:	FRANCIS C. REYES	CMT	Marilao South District
Asst. CL – Administration	:	DARWIN M. UMALI	CML	Balagtas
Asst. CL – Program	:	LEVIE H. CRUZ	CML	Guiguinto District
Scribe	:	MARX P. BLANCO	CML	San Miguel South
SPL	:	TRISTAN DARIUS RUBIO	ALT	Marilao North

Discussant/Counselor	:	EDGAR EMANO	ALT	Balagtas District
Discussant/Counselor	:	DARWIN Q. TAMBOONG	ALT	Volunteer
Discussant/Counselor	:	JAYVIC PARUNGO	ALT	Plaridel District
Discussant/Counselor	:	MELODY C. CALINGACION	ALT	Sta. Maria West
Discussant/Counselor	:	MARX P. BLANCO	CML	San Miguel South
Discussant/Counselor	:	DARWIN UMALI	CML	Balagtas District
Discussant/Counselor	:	JULUIS BRYAN ORTEGA	CML	DRT
Discussant/Counselor	:	RAMONCITO GULINAO	2BH	STA. MARIA EAST
Discussant/Counselor	:	NOLASCO SAN MIGUEL	LT	Volunteer

Support Staff	:	JOSEPHINE C. BERNADE	2BH	Norzagaray East
	:	BETHYLENE C. ESQUIVEL	2BH	Norzagaray East
	:	JENELYN N. MARIANO	2BH	Norzagaray East
	:	ERWIN S. SANTIAGO	2BH	Norzagaray East
	:	RAMIL REGIS	2BH	Norzagaray East
	:	RESTIE DE VERA	2BH	Norzagaray East
	:	ANDREW CORREA	2BH	Norzagaray East
	:	JEROME J. BAUTISTA	2BH	Norzagaray East
	:	MARLON T. ESTRELLA	2BH	San Miguel South

COURSE STAFF:

Course Leader	:	MIRASOL VICTORIA	ALT	Sta. Maria East
Asst. CL – Administration	:	JEANETE CARTALABA	ALT	Plaridel District
Asst. CL – Program	:	ROFELL I. MESTIDIO	CML	Baliuag North Scribe
Scribe	:	ROSE ANN G. PERALTA	2BH	San Miguel South
SPL	:	RAYMOND CARRETERO	CML	Marilao North
Discussant/Counselor	:	MARIANNE B. ESTRELLA	2BH	Pandi South
Discussant/Counselor	:	MARICRIS B. CARUANA	2BH	Pandi South
Discussant/Counselor	:	REA LOVELY RODRIGUEZ	2BH	Sta. Maria East
Discussant/Counselor	:	MARY GRACE AMORIN	CML	SDO Meycauayan
Discussant/Counselor	:	MA. CRISTINA DIMAAPI	ALT	Baliuag North
Discussant/Counselor	:	KIM PAULA JEAN L. PARDO	2BH	Bocaue
Support Staff	:	LERRY P. PRONEBO	2BH	Norzagaray East
	:	JULIE ANN G. RONQUILLO	2BH	Norzagaray East
	:	LIANICA M. CALI	2BH	Norzagaray East
	:	GRACE JOY S. MANUEL	2BH	Norzagaray East

COUNCIL MANAGEMENT TEAM

CLR Program Commissioner	:	DR. ROSAURO A. VILLANUEVA, LT
Council Training Commissioner	:	GILBERT M. AGAPITO, LT
DPC-CLR Rover Scouting	:	SONNY E. GRAVADOR, LT
DPC Boy Scouting	:	ROBERT D. VICTOR, LT
District Scout Commissioner	:	DR. MAXIMO C. HERRERA, LT

SUPPORT STAFF:

JORDAN VENTURA	CML	Plaridel
JOHN LEXTER PAYUMO	ALT	Vedasto NHS
ERWIN GUEVARRA	CML	Prenza NHS
WENDELL ALVAREZ	ALT	Norzagaray East

The Course Staff Meeting will be held on **Tuesday, October 3, 2023** ONLINE via Zoom Applications at **8:00 o'clock in the Evening**. All **COURSE STAFF** are expected to be at the venue on **October 5, 2023 on or before 5:00 o'clock in the afternoon**.

Thank you and God Bless.

Respectfully yours,

CHESTER N. HILAIRO
Council Scout Executive

APPROVED:

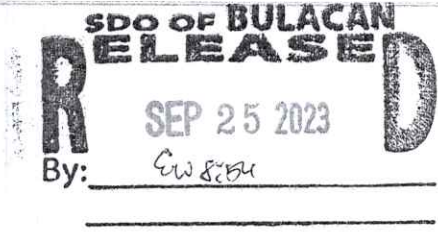
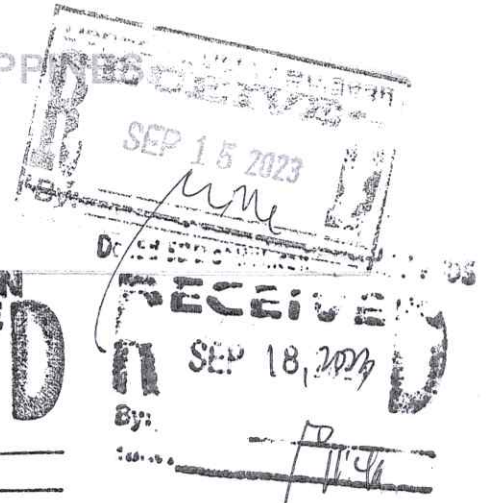
DR. NORMA P. ESTEBAN, CESO V
Schools Division Superintendent
Council Scout Commissioner, BSP-Bulacan Council

... and find him physically fit to participate in:



**BOY SCOUTS OF THE PHILIPPINES
BULACAN COUNCIL**

City of Malolos 3000
Telefax: 044-796-1149
Email: bulacan_bsp@scouts.org.ph



1194

01 September 2023

COUNCIL MEMORANDUM
Number 14 series 2023

TO: All Division Boy Scouting and Alternative Learning System EPS In-Charge, District Scout Commissioners (PSDS), Institutional Head of Public and Private Junior/Senior High Schools, Municipal Field Scout Commissioners, Alternative Learning System (ALS) coordinators, Field Scout Commissioners (BSP District Coordinators), Outfit Advisors, and Adult Leaders

SUBJECT: BASIC TRAINING COURSES FOR UNTRAINED ADULT LEADERS (EXCLUSIVE NORZAGARAY EAST AND WEST DISTRICT)

1. We are pleased to announce that the Bulacan Council, Boy Scouts of the Philippines will conduct the **EXCLUSIVE BASIC TRAINING COURSES FOR UNTRAINED ADULT LEADERS FOR NORZAGARAY EAST AND WEST DISTRICT** on the following information:

TRAINING COURSES OFFER:


- a. **BASIC TRAINING COURSE FOR KAWAN LEADERS**
Qualification : Female Only Teachers of Grade I to III
Date : October 06-08, 2023 (Live-In Training)
Venue : Sapang Kawayan ES, Norzagaray East District
No. of Course : One (1) Course
 - b. **BASIC TRAINING COURSE FOR TROOP LEADERS**
Qualification : Teachers of Grade IV to VI
Date : October 06-08, 2023 (Live-In Training)
Venue : Sapang Kawayan ES, Norzagaray East District
No. of Course : One (1) Course
2. **ADDITIONAL QUALIFICATIONS** to attend the Training Courses:
 - a. Must currently be registered to the Boy Scouts of the Philippines
 - b. Must be physically fit as certified by a licensed physician
 - c. Fully Vaccinated
 - d. Open to those interested to attend.
 3. **REGISTRATION FEE:** Each participants will be charged **One Thousand Eight Hundred Pesos Only (Php 1,800.00)** for the **Basic Training Course Participants for, Kawan, and Troop Leaders** to cover meals (Breakfast from the day 1 until PM snacks on the last day), training supplies, fuel for mobilization, reference materials, training supplies, course

souvenir materials, Training Staff/ITs meals other administrative expense (may be charged against MOOE /Local Funds) subject to the usual accounting and auditing rules and regulations to defray the cost expenses if available.

4. The council office will subsidize the course staff including the manuals needed by the participants which will be used by during the conduct of training courses.
5. **Participation.** In order to ensure the conduct of the training courses, a reservation fee of **One Thousand Pesos (Php1, 000.00)** for the BTC KL/TL/OA participants. The first come-first serve basis will be applied to maximize the Course Application Recognition to the Regional Office. Hereto attached the Application to Attend and shall be returned to the council office on or before **September 29, 2023** together with the full payments for the purpose of application for travel orders, service credits and preparation concerns.
6. Letter of reservation may be considered prior to the deadline of submission of the APPLICATION TO ATTEND with names of the confirmed participation and **PARTICIPANTS ARE ADVISED TO BRING THE FOLLOWING;**
 - a. Current BSP Membership Card
 - b. Type A uniform (shorts with socks and garter tabs for the Troop, skirt with socks and garter tab for the Kawan Leaders participants, and **SPORT WEAR ATTIRE** for the Socialization Night.
 - c. Personal gears (personal medicines, toiletries, working clothes, jogging pants, maong pants, rubber shoes, bath towel etc.).
7. **REPORTING DATE:** Participants are to be in the course venue on respective schedule day 1 not later than 6:00 o'clock in the morning for room assignments & groupings. **OPENING CEREMONY** will start at 8:00 in the morning.
8. For widest dissemination


CHESTER K. HILARIO
Council Scout Executive

APPROVED BY:


DR. NORMA P. ESTEBAN, CESO V
Schools Division Superintendent
Council Scout Commissioner, BSP

Inc: Medical Examination Form

BASIC TRAINING COURSE FOR UNIT LEADERS
HEALTH AND MEDICAL RECORD

This health and medical record, including limitations indicated, is valid for participation in the Scouting Program for one year date of physician's examination subject to recertification in camp and when required for special events.

Please fill out completely

HEALTH HISTORY

Have or subject to (check if yes):

<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Palpitation	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Headache	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Cough	<input type="checkbox"/> Easy Fatigue	<input type="checkbox"/> Frequent Fever
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Others _____			

Describe: _____

Have or subject to trouble with (check if yes):

<input type="checkbox"/> Eye, Ear, Nose, Throat	<input type="checkbox"/> Hernia
<input type="checkbox"/> Recurrent Diarrhea	<input type="checkbox"/> Heart
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Whooping Cough

Have had: (check if yes)

<input type="checkbox"/> Allergy	<input type="checkbox"/> Measles
<input type="checkbox"/> Lungs	<input type="checkbox"/> Mumps
<input type="checkbox"/> Malaria	<input type="checkbox"/> Chicken Pox

YEAR

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Explain _____

IMMUNIZATION

Date of last inoculation

Smallpox	_____
Diphtheria	_____
Tetanus Toxoid	_____

Polio (Short or Oral)
Others

Date of last inoculation

If applicant is under 21 years of age:

In the event of illness or injury occurring to my son during his attendance at the Jamboree / Training, I do hereby consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff furnishing medical services. I understand that, in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signed: _____ Date: _____
Applicant

Approved by: _____
Parent or Guardian

MEDICAL EXAMINATIONS

TO THE PHYSICIAN: Your careful examination and written recommendation will encourage personal fitness and safe participation in strenuous outdoor activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

PHYSICAL FINDINGS

Normal		Abnormal	Explanation if abnormal
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	_____
<input type="checkbox"/>	Vision	<input type="checkbox"/>	_____
<input type="checkbox"/>	Ears	<input type="checkbox"/>	_____
<input type="checkbox"/>	Nose	<input type="checkbox"/>	_____
<input type="checkbox"/>	Throat	<input type="checkbox"/>	_____
<input type="checkbox"/>	Teeth	<input type="checkbox"/>	_____
<input type="checkbox"/>	Lungs	<input type="checkbox"/>	_____
<input type="checkbox"/>	Heart	<input type="checkbox"/>	_____
<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	_____
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	Posture (Spine)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	_____
<input type="checkbox"/>	Emotional Stability	<input type="checkbox"/>	_____

IMMUNIZATION (See history)

(Check One)

Date Given

Smallpox	<input type="checkbox"/> OK	<input type="checkbox"/> Needed	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cholera / Dysentery / Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	_____

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:

Camping & Hiking Water Sports Competitive Sports

Recommendations and/or restrictions (if none, so state): _____

Signed: _____
Examinee

Signed: _____
Physician and License No.