



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VII, Central Visayas
SCHOOLS DIVISION OF NEGROS ORIENTAL
Capitol Area, Dumaguete

August 24, 2017

DIVISION MEMORANDUM

No. 457;s. 2017

**SUBMISSION OF TESDA WALK-IN SCHOLARSHIP APPLICATION FORM
FOR TRAINING METHODOLOGY (TM)**

**To: Assistant Schools Division Superintendent
CID and SGOD Chiefs
Education Program Supervisors/Division Coordinators
District Supervisors/District In-Charge
Secondary School Administrators (Public and Private Schools)
All Concerned**

1. The division office is encouraging the TLE/TVL teachers with National Certificate (NC) to submit an application for Training Methodology (TM) using the attached TESDA walk - in scholarship application form.
2. Submit the accomplished TESDA Walk-in Scholarship Application form (TWSA) to this office on or before August 30, 2017 for the perusal of the said document.
3. For details, please contact Mr. Antonio B. Baguio, Jr. @ 09158272037.
4. For the information and guidance of all concerned.

SALUSTIANO T. JIMENEZ, CESO VI

Schools Division Superintendent

76 8/25/17

25 AUG 2017

Applicant: (Please select only one that is most applicable to you).

<input type="checkbox"/> Out-of-School Youth	<input type="checkbox"/> Informal Workers	<input type="checkbox"/> Indigenous Peoples and Cultural Communities
<input type="checkbox"/> Solo Parent	<input type="checkbox"/> Industry Workers	<input type="checkbox"/> Disadvantaged Women
<input type="checkbox"/> Solo Parent's Children	<input type="checkbox"/> Cooperatives	<input type="checkbox"/> Victim of Natural Disasters and Calamities
<input type="checkbox"/> Senior Citizens	<input type="checkbox"/> Family Enterprises	<input type="checkbox"/> Victim or Survivor of Human Trafficking
<input type="checkbox"/> TVET Trainers	<input type="checkbox"/> Microentrepreneurs	<input type="checkbox"/> Drug Dependent Surrenderers
<input type="checkbox"/> Displaced HEIs Teaching Personnel	<input type="checkbox"/> Family Members of Microentrepreneurs	<input type="checkbox"/> Rebel Returnees or Decommissioned Combatants
<input type="checkbox"/> Persons with Disability	<input type="checkbox"/> Farmers and Fishermen	<input type="checkbox"/> Inmates and Detainees
<input type="checkbox"/> Currently Employed Workers	<input type="checkbox"/> Family Members of Farmers and Fishermen	<input type="checkbox"/> Wounded-in-Action AFP & PNP Personnel
<input type="checkbox"/> Employees w/ Contractual/Job-Order Status	<input type="checkbox"/> Community Training & Employment Coordinator	<input type="checkbox"/> Family Members of AFP & PNP Wounded-in-Action
	<input type="checkbox"/> Returning/Repatriated OFWs	<input type="checkbox"/> Family Members of Inmates and Detainees
	<input type="checkbox"/> OFWs Dependents	<input type="checkbox"/> Victims of Human Rights or their Authorized Beneficiaries

4.4 (TVET Qualifications) Preferred

4.2. _____

4.3. Other Preference: _____

*Other Preference refers to TVET Qualification not found in the attached list of TVET Qualifications.

5. Privacy Disclaimer:

In case your application for TESDA scholarship will be approved, do you allow TESDA to share any of the relevant information which you provided in this Form with any other legitimate entities for possible employment whether prior, during or after your training? Kindly check your preference and sign over your printed name below.

☐ Yes, I hereby authorize TESDA to share my relevant information under this Form with other legitimate entities for the purpose of possible employment with potential employers.

Signature Date: _____

I do not consent and I do not authorize the sharing of my personal data under this Form. Instead, I want my personal data to be restricted only for TESDA's use in processing my scholarship application and profiling

Signature Over Printed Name Date: _____

5. Applicant's Signature

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

Applicant's Signature Over Printed Name

Date Accomplished

Right Thumbmark

Noted by:

**Provincial/District Director
(Signature Over Printed Name)**

Date Received

*****End of Application Form****



TRAINER'S/ASSESSOR'S PROFILE

ID PICTURE
(2"x 2" size)

Applicant's Signature

1. To be accomplished by TESDA

1.1. NMIS Manpower Code: -

1.2. NMIS Entry Date:

2. Manpower Profile

2.1. Name: Last First Middle

2.2. Mailing Address: Number, Street Barangay District
 City Province Region Zip Code P.O. Box No.

2.3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	2.4. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Window/er <input type="checkbox"/> Separated	2.5. Contact Number(s) Tel: <input type="text"/> Cellular: <input type="text"/> e-mail: <input type="text"/> Fax: <input type="text"/> Others: <input type="text"/>	2.6. Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other than above <input type="checkbox"/> Pls. specify <input type="text"/>	2.7. Employment Status <input type="checkbox"/> Casual <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Regular <input type="checkbox"/> Job Order <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If Student <input type="checkbox"/> Trainee/OJT
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3. Personal Information

3.1. Birthdate: <input type="text"/>	3.6. Weight: <input type="text"/>	3.11. Distinguishing Marks: <input type="text"/>
3.2. Birth Place: <input type="text"/>	3.7. Blood Type: <input type="text"/>	
3.3. Citizenship: <input type="text"/>	3.8. SSS No.: <input type="text"/>	
3.4. Religion: <input type="text"/>	3.9. GSIS No.: <input type="text"/>	
3.5. Height: <input type="text"/>	3.10. TIN No.: <input type="text"/>	

4. Educational Background

4.1. School	4.2. Educational Level	4.3. School Year	4.4. Degree	4.5. Minor	4.6. Major	4.7. Units Earned	4.8. Honors Received

5. Course Title (for TPIS, CACs)

5.2. Schedule /Duration

5.3. Aptitude Exam

5.1.	*Training Duration (No. of Hrs.)		Date: <input type="text"/> Time: <input type="text"/>
	*From:	<input type="text"/>	
	*To:	<input type="text"/>	
		<input type="text"/>	

For Competency Assessment and Certification Applicants Only, fill-up this part.

6. Competency Assessment to Take (to be filled-up by TESDA Representative)

6.1. Date of Application: <input type="text"/> / <input type="text"/> / <input type="text"/>	6.7. Training Program	6.8. Program Sector	6.9. Client Type
(mm) (dd) (year)	<input type="checkbox"/> Formal	<input type="checkbox"/> Public	<input type="checkbox"/> TESDA Grad.
6.2. Sector Component: _____	<input type="checkbox"/> Non-Formal	<input type="checkbox"/> Industry	<input type="checkbox"/> Person with Disability
6.3. Trade Area: _____	<input type="checkbox"/> Informal (prior learning)	<input type="checkbox"/> OFW	<input type="checkbox"/> SCEP
6.4. Occupation: _____		<input type="checkbox"/> Other:	<input type="checkbox"/> Non-TESDA Grad.
6.5. Classification: _____			<input type="checkbox"/> OFW
6.6. Competency: _____			<input type="checkbox"/> Farmers; Fisherfolks
			<input type="checkbox"/> OSY
			<input type="checkbox"/> Others, pls. specify

Part II: The following entries can be skipped if you have previously filled up this form, except for some information that you would want to update.

7. Workplaces Exp. & Training (For Trainers, mandatory field 7.5)

7.1. Name of Company	7.2. Position	7.3. Inclusive Dates	7.4. Monthly Salary	7.5. Occupation Type (Teaching; Non-Teaching; Industrial Experience)	7.6. Status of Appointment	No. of Yrs. Working Exp.

(For more information, indicate on a separate sheet)

8. Other Training Experiences Attended

8.1. Title	8.2. Venue	8.3. Inclusive Dates	8.4. *Certificate Received	8.5. # of Hours	8.6. Training Base	8.7. Category	8.8. Conducted By	8.9. Proficiency

(For more information, indicate on a separate sheet)

* Certificate Received		Training Base	Category	Proficiency
A Certificate of Attendance	S Skills Training Certificate	L Local	T Trade Skills Upgrading Program	B Beginner
C Certificate of Competencies	T Training Certificate	F Foreign	N Non-Trade Upgrading Program	I Intermediate
P Certificate of Proficiency			M Training Management	A Advanced

9. Licenses/Examinations Passed

9.1. Title	9.2. Year Taken	9.3. Examination Venue	9.4. Rating	9.5. Remarks	9.6. Expiry Date

(For more information, indicate on a separate sheet)

10. Employment by Employer Passed

10.1. Industry Sector	10.2. Trade Area	10.3. Occupation	10.4. Classification Level	10.5. Competency	10.6. Specialization Description

(For more information, indicate on a separate sheet)

11. Family Background

11.1. Spouse's Name: _____	11.3. Occupation: _____
11.2. Educational Attainment: _____	11.4. Ave. Monthly Income: _____
11.5. Father's Name: _____	11.7. Occupation: _____
11.6. Educational Attainment: _____	11.8. Ave. Monthly Income: _____
11.9. Mother's Name: _____	11.11. Occupation: _____
11.10. Educational Attainment: _____	11.12. Ave. Monthly Income: _____
11.13. Name of Guardian: _____	11.15. Occupation: _____
11.14. Educational Attainment: _____	11.16. Ave. Monthly Income: _____

11.17. Dependents	11.18. Age	Dependent	Age

(For more information, indicate on a separate sheet)

■ APPLICATION FORM

colored,
passport size,
white
background

Qual-
alpha
code

YY

Region

Province

**Number Series
Assigned to AC**

Number Series

[illegible]

Date of Application

3. Work Experience (National Qualification-related)

No. of Yrs. Working
Exp.

4. Other Training/Seminars Attended (National Qualification-related)

4.1. Title	4.2. Venue	4.3. Inclusive Dates	4.4. No. of Hours	4.5. Conducted By

(For more information, please use separate sheet)

5. Licensure Examination(s) Passed

5.1. Title	5.2. Year Taken	5.3. Examination Venue	5.4. Rating	5.5. Remarks	5.6. Expiry Date

(For more information, please use separate sheet)

6. Competency Assessment(s) Passed

6.1. Title	6.2. Qualification Level	6.3. Industry Sector	6.4. Certificate Number	6.5. Date of Issuance	6.6. Expiration Date

(For more information, , please use separate sheet)

ADMISSION SLIPREFERENCE NUMBER : 

Name of Applicant:

Tel. Number:

Assessment Applied for:

Official Receipt Number:

Date Issued:

To be accomplished by the Processing Officer

Name of Assessment Center:

Check submitted requirements:

Remarks:

☐ Accomplished Self-Assessment Guide☐ Bring own Personal Protective Equipment☐ Three (3) pieces colored passport size pictures☐ Others. Pls. specify

Assessment Date:

Assessment Time:

PICTURE

(Passport size)

Printed Name & Signature of Processing Officer_____
Printed Name & Signature of Applicant

Date:

Date:

Note: Please bring this Admission Slip on your assessment date.

Requirements for TM Application:

- 1. Accomplished Trainors Assessors Profile Form**
- 2. Accomplished Manpower Profile Form**
- 3. Accomplished Application Form**
- 4. 2set Photocopy of National Certificate (NC II)**
- 5. 2 set Photocopy of TOR & DIPLOMA**
- 6. 2pcs 1x1 Picture**
- 7. 5pcs Colored Passport Size (Close-up shot, white background, wearing polo/ with collar**
- 8. LAPTOP (during training)**