



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
Cordillera Administrative Region  
**Schools Division Office**  
Lagawe, Ifugao, 3600



**DIVISION MEMORANDUM**

No. 201 s. 2016

TO: CID, SGOD and OSDS Divisions  
Head Teachers and Principals

FROM: **SALLY B. ULLALIM, CESO V**  
Schools Division Superintendent

SUBJECT: Screening of Schools Division NEAP Facilitators Pool

DATE: September 26, 2016

- 1 The National Educators Academy of the Philippines (NEAP) through the Schools Division Office announces the establishment of **Schools Division NEAP Facilitators' Pool**. The facilitators will be tapped to deliver training programs at various level and assist the SDO/ NEAP in developing training programs for Deped personnel. The Human Resource Development Office is tasked to conduct the screening and selection of facilitators.
- 2 All applicants must pass through the different phases of the screening process:
  - a. The applicants will be evaluated based on the following requirement:
    - i. Applicants must be at least Head Teachers, Principals, Education Program Specialists, Senior Education Program Specialists, Public School District Supervisors and Education Program Supervisors;
    - ii. Have been involved in previous trainings as participants/ trainers/ facilitators.
    - iii. Possesses excellent communication and facilitation skills;
    - iv. Computer/Information and Communication Technology proficient;
    - v. Must be Physically fit; and
    - vi. Not more than 50 years old
  - b. Phase 1- Paper Screening
    - i. Applicants should submit to the Division Screening Committee the following documents on or before October 7, 2016:
      - Application form (Annex 1)
      - Character Reference (Annex 2)
      - Performance rating for the past two years
      - Letter of recommendation from immediate head (Annex 3)
      - Letter of commitment signifying willingness to train anywhere in the Division or Region (Annex 4)

- Certificate of recognition/commendation/merit given as facilitator, trainer, resource speaker etc. These certificates should support the list provided in the application form.
- ii. Qualified applicants will be informed by the Division Screening Committee and will proceed to phase 2, 3 & 4. Phase 2, 3 and 4 is scheduled on October 12-14, 2016.
- c. Phase 11 – Session Guide Writing
- d. Phase 111 – Facilitation Skills Demonstration
- e. Phase 1V – Interview
- 3 Expenses relative to the conduct of this activity shall be charged against SHDP: Foundational Course Fund/ Division MOOE/local fund
- 4 For immediate dissemination.

*Itl*

Itl/09/26/2016



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**SCHOOLS DIVISION OFFICE TRAINERS' POOL**

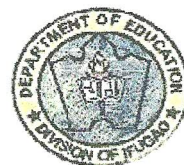
**APPLICATION FORM**

Last Name	First Name	Middle Name
Birth Date	Sex	
Educational Attainment	Area of Specialization/Expertise	
Position	Office/School	
<b>List of Trainings on Training Management and Facilitation Attended</b>		
<b>Title</b>	<b>Inclusive Dates</b>	<b>Provider</b>
<b>List of Trainings/Topics Facilitated</b>		
<b>Title</b>	<b>Inclusive Dates</b>	<b>Topics Presented</b>

Please attach certified copies of certificates of attendance/ participation/ completion/ appreciation/recognition to support.



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**CHARACTER REFERENCE**

**CONFIDENTIAL**

**One copy to be filled-out by the immediate supervisor and another by a co-worker or peer.  
Filled-out copies should be placed in a sealed envelope and signed before submission to the  
Division screening committee**

Name of Nominee:	Position:
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1. How long have you known the nominee (years/months)

\_\_\_\_\_

2. In what connection, or under what circumstances, have you known her/him?

\_\_\_\_\_

3. Please rate the nominee in terms of the dimensions which have been identified as critical to program performance. The checklist below is intended to facilitate your assessment. If you wish you may also write a separate letter as an addition to this form.

Dimensions	No basis for judgment	Below Average	Above Average	Excellent/ Outstanding
1. Integrity				
2. Work Ethics				
3. Interpersonal Skills				
4. Time Management				
5. Stress Management				

4. How will this person be able to contribute in providing better training programs?

\_\_\_\_\_  
(Signature over printed name)



Letter of recommendation template

(Official Logo)

Date

**THE CHAIRMAN**

Division Screening Committee  
Schools Division Office  
Lagawe, Ifugao

Sir/Madam:

I would like to recommend Mr/Ms \_\_\_\_\_ to the Schools Division Office Trainers' Pool. He/She has been with the (office) as av(position/designation) for (length of service)

This office does not pose any objection to any of his/ her assignments as a division trainer if he/ she will qualify after the screening process.

Thank you very much.

Very truly yours,

\_\_\_\_\_  
(Signature overprinted name)  
Position

**LETTER OF COMMITMENT TEMPLATE**

**LETTER HEAD**

**Date**

**SDS**

**Division**

**Address**

**Sir/Madam:**

This is to signify my commitment if I qualify as a member of the National Educators Academy of the Philippines (NEAP) Division Facilitators' Pool, to make myself available for training programs that would require my expertise and services.

Thank you very much.

Very truly yours,

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Signature over printed name  
Position