Republic of the Philippines
Department of Education
CARAGA REGION
J. Rosales Avenue, Butuan City,
Agusan del Norte, Philippines, 8600

August 19, 2019

DEPARTMENT OF EDUCATION
RELEASED
DATE: 20 AUG 2019
SIGNATURE
CARAGA REGION

REGIONAL MEMORANDUM
No. 453, s. 2019

RE-OPENING OF APPLICATION FOR THE NATIONAL EDUCATORS ACADEMY OF THE PHILIPPINES (NEAP) CARAGA LEARNING FACILITATORS POOL

TO: SCHOOLS DIVISION SUPERINTENDENTS
CHIEFS OF FUNCTIONAL DIVISIONS
This Region

1. In adherence to the thrust of the National Educators Academy of the Philippines in strengthening internal capacity to provide learning and development interventions, the Human Resource Development Division reopens the application for the National Educators Academy of the Philippines (NEAP) Caraga Learning Facilitators Pool for 2019.

2. Interested applicants shall ensure complete submission of the following documents on or before **October 4, 2019**.
   a. Application Form (Annex 1)
   b. Character Reference (Annex 2)
   c. Medical certificate from accredited government physician/hospital indicating physical fitness to train and travel
   d. Performance rating for the past two years
   e. Letter of recommendation from immediate supervisor (Annex 3)
   f. Letter of commitment signifying willingness to train anywhere in the country (Annex 4)
   g. Certification of Learning Facilitator's QATAME Ratings (Annex 5)
   h. Certificate of no pending criminal and/or administrative case from the Division
   i. Certificate of participation/completion/attendance to Training of Trainers programs or any facilitation skills enhancement trainings attended
   j. Certificate of recognition/commendation/merit/etc. given as facilitator, trainer, resource speaker, and the like

3. The applicants must have the following qualifications:
   a. Permanent personnel of the Department of Education;
   b. Must be at least with Salary Grade 15 or with the plantilla position as head teacher, master teacher, principal, education program specialist, administrative officer IV, administrative officer V, supervisor, or chief education supervisor;
   c. Must have served and/or trained as trainers/facilitators in the Division;
   d. Must have demonstrated excellent facilitation skills;
   e. Must have a performance rating of at least VS for the last two years; and
   f. Must be computer literate.

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4. All regional/division supervisors, education program specialists, as well as those who served in the regional trainings for the K to 12 curriculum implementation are encouraged to submit their application for further certification.

5. Qualified Regional learning facilitators shall assist the National Educators Academy of the Philippines (NEAP) in developing and implementing training programs for DepEd personnel.

6. Immediate dissemination of this Memorandum to the concerned is highly desired.

FRANCIS CESAR B. BRINGAS, CESO V
Schools Division Superintendent
Officer-In-Charge
Office of the Regional Director

Encl.: As stated
Reference: Unnumbered Memorandum dated May 7, 2015
To be indicated in the PERPETUAL INDEX under the following subjects:
CERTIFICATION EDUCATION TRAINING PROGRAM

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08/19/2019

Annex 1

NATIONAL EDUCATORS ACADEMY OF THE PHILIPPINES
DepEd Complex, Meralco Ave., Pasig City

NEAP LEARNING FACILITATORS' POOL

APPLICATION FORM

NAME: _____ POSITION: _____
CONTACT NO.: _____ SEX: _____ BIRTHDATE: _____
SPECIALIZATION: _____ OFFICE: _____

List of Trainings on Training Management and Facilitation Attended
(Use additional sheets if necessary)

Title	Inclusive Dates	Provider

List of Trainings/Topics Facilitated *(Use additional sheets if necessary)*

Title	Inclusive Dates	Topics Presented

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

I certify that the above information is true and correct.

_____ _____
(Signature of Applicant) Date

Annex 2

NATIONAL EDUCATORS ACADEMY OF THE PHILIPPINES
DepEd Complex, Meralco Ave., Pasig City

CHARACTER REFERENCE

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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 mail envelop and signed before submission to the Regional Screening Committee.

Name of Nominee	Position

1. How long have you known the nominee? (years/months)

   _____

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

   _____

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.

Dimension	No Basis for Judgement	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)

Annex 3

(Official Logo)

(Date)

JOHN ARNOLD S. SIENA
Director IV
National Educators Academy of the Philippines
Meralco Ave., Pasig City

Sir:

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

Thank you very much.

Very truly yours,

_____
(Signature Over Printed Name)

Annex 4

(Official Logo)

(Date)

FRANCIS CESAR B. BRINGAS, CESO V
Schools Division Superintendent
Officer-On-Charge, Office of the Regional Director
Department of Education Caraga
Butuan City

THRU: **FLORDELISA R. DALIN, Ed.D.**
Chief, Human Resource Development Division
Chair, Regional Screening Committee
Department of Education Caraga

Sir/Ma'am:

I would like to recommend Mr./Ms. _____ to the National Educators Academy of the Philippines (NEAP) Learning Facilitators' Pool. S/he has been with the (office) _____ as a (position/designation) _____ for (length of service) _____.

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

Thank you very much.

Very truly yours,

_____
(Signature Over Printed Name)

Annex 5

To be accomplished by the QATAME Team Leader.

(Official Logo)

CERTIFICATION OF LEARNING FACILITATOR'S QATAME RATINGS

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This document is served to certify that (n*ame of facilitator*) _____ was a learning facilitator/resource speaker during the following training programs with the corresponding QATAME ratings.

Training/Program Title	Inclusive Dates	QATAME Rating
	Average Rating	
	Description	

Given this (*day)*_____ of (*month)*_____, (*year)* _____ at (*venue)*_____.

Certified:

_____

(Signature Over Printed Name
of QATAME Team Leader)