MEMORANDUM

TO : OIC-Assistant Schools Division Superintendent
     OIC-Chief, Curriculum Implementation Division
     Chief, School Governance and Operations Division
     Public School District Supervisors
     Elementary and Secondary School Heads
     All Others Concerned

FROM : DR. ROMMEL C. BAUTISTA, CESO V
       Schools Division Superintendent

SUBJECT : SEAMEO RELC SCHOLARSHIP PROGRAMS

DATE : October 30, 2018

With reference to Regional Memorandum No. 880 s. 2018, re: SEAMEO RELC Scholarship Programs, this Office requests elementary and secondary school heads to nominate teachers who are qualified to participate in the following courses:

1. MA TESOL Master of Arts in Teaching English to Speakers of Other Languages
   February 22, 2019 to February 21, 2020
2. C103 Blended Post-graduate Diploma in Applied Linguistics
   July 1 to December 13, 2019
3. C419 Specialist Certificate in Professional Development of Teacher Leaders/Supervisors
   October 15 to November 1, 2019

Attached is the List of Requirements per course.

Submission of nominees is on or before November 5, 2018 for the course MA TESOL and February 4, 2019 for C103 and C419. Attention: Arlene L. Tayona, SEPS-HRD

For the information and guidance of the field.
TO: SCHOOLS DIVISION SUPERINTENDENTS
FROM: DIOSDADO M. SAN ANTONIO
       Director
SUBJECT: SEAMEO RELC SCHOLARSHIP PROGRAMS
DATE: October 25, 2018

1. In reference to Scholarship Advisory No. 24, s 2018 on SEAMEO RELC Scholarship Programs, this Office requests Schools Division Offices to submit their nominees together with their documents to the following courses.

<table>
<thead>
<tr>
<th>Course Code and Title</th>
<th>Course Dates</th>
<th>Objective of the Program</th>
<th>No. of nominees per SDO</th>
<th>Deadline of Submission of Requirements to Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA TESOL Master of Arts in Teaching English to Speakers of Other Languages</td>
<td>22 Feb. 2019 – 21 Feb. 2020</td>
<td>To uplift language education in the region, with minimum demand on time-out of the country.</td>
<td>One (1)</td>
<td>November 5, 2018</td>
</tr>
<tr>
<td>C 103 Blended Post graduate Diploma in Applied Linguistics</td>
<td>1 July - 13 December 2019</td>
<td>To enhance understanding and practical teaching skills of English language professionals and offering minimum demand on time-out of the country</td>
<td>One (1)</td>
<td>February 5, 2019</td>
</tr>
<tr>
<td>C 419 Specialist Certificate in Professional Development of Teacher Leaders / Supervisors</td>
<td>15 October - 1 November 2019</td>
<td>To deliver content lessons in English, either currently or in the future</td>
<td>One (1)</td>
<td>February 5, 2019</td>
</tr>
</tbody>
</table>
2. Attached are the lists of Requirements Per Course.

3. For further inquiries and clarification you may contact the HRDD Scholarship Secretariat at (02) 682-5773 and 647-4914 Loc.135 or 126.

4. Immediate dissemination of this Memorandum is desired.

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**APPLICATION FOR ADMISSION AS A CANDIDATE TO THE MA/DIPLOMA/CERTIFICATE COURSES**

**IMPORTANT**

a) All entries must be completed. Please enter 'N.A.' if an entry is not applicable.

b) Two original application forms and two copies of each set of supporting documents must be submitted (see checklist on page 6).

- Please indicate course code, title and dates below:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Course Dates</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

- Please indicate the status of the applicant by putting a tick (✓) in the appropriate box.

- Nominated by SEAMEO Ministry of Education,
  for SEAMEO RELC Scholarship
  (Country)

- Applying as a private fee-paying applicant

- Applying as a non-SEAMEO RELC Scholarship/Bursary applicant
  If admitted, the Scholarship/Bursary will be awarded to me by

  (Name of Sponsor/Agency)

  (Address of Sponsor/Agency)

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**PART A: PERSONAL PARTICULARS**

- Full name (as in passport): *(Dr./Mr./Mrs./Ms./Miss)
  (Please PRINT and underline surname)*

- Gender: ☐ Male  ☐ Female

- Home address:
  Tel no.:   Email:

- Office address:
  Tel no.:   Email:

- Fax no.:   Tel no.:   Email:

- Address for correspondence: ☐ Home address  ☐ Office address

- Date of birth:   Age:   Place of birth:
  (DD/MM/YY)   (Country & Province)

- Nationality/Citizenship:

- Religion:

- Marital status:

- Race: ☐ Chinese  ☐ Indian  ☐ Malay  ☐ Others

* Please delete whichever is not applicable.  * Please tick (✓) accordingly.
## ANNEX A
### LIST OF REQUIREMENTS

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Documentary Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Filipino citizen</td>
<td>1. Application Form</td>
</tr>
<tr>
<td>b. Must have rendered at least two (2) years of service in the government (DepEd) at the time of nomination</td>
<td>2. Updated Personal Data Sheet</td>
</tr>
<tr>
<td>c. Must hold a permanent appointment at the organization nominating him/her</td>
<td>3. IPCRF Summary of Rating</td>
</tr>
<tr>
<td>d. Must have no pending administrative and/or criminal case</td>
<td>4. Certification of no pending administrative and/or criminal case signed by the applicant's respective legal/administrative officer</td>
</tr>
<tr>
<td>e. Must have a college degree and/or sufficient demonstrated ability and experience related/relevant to the course he/she is applying for</td>
<td>5. Transcript of Record</td>
</tr>
<tr>
<td>f. Must have a good command of the English language (spoken and written)</td>
<td>6. Individual Plan For Professional Development (IPPD)</td>
</tr>
<tr>
<td>g. Must have professional development needs aligned with the KRAs of the organization</td>
<td>7. Letter of Application addressed to the head of office that answers the following:</td>
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<tr>
<td></td>
<td>a. What are your present actual duties and responsibilities relevant to the course/program?</td>
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<td>b. What professional development and organizational needs will the program you are applying for address?</td>
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<td></td>
<td>c. What initiatives do you plan to implement so your school/station will benefit from this grant?</td>
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<tr>
<td>h. Must have no pending nomination for scholarship in another program/course or have already rendered the required service obligation for a scholarship previously enjoyed</td>
<td>8. Certification that the applicant has no pending application for scholarship under another program signed by the immediate supervisor</td>
</tr>
<tr>
<td>i. Physically and mentally fit</td>
<td>9. Medical certificate of physical fitness issued by a physician from a recognized accredited health institution but not the same institution where the applicant is presently employed</td>
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<tr>
<td>j. Not an expectant mother</td>
<td>10. Endorsements from the head of office</td>
</tr>
<tr>
<td></td>
<td>a. Endorsement from school principal/division chief</td>
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<td></td>
<td>b. Endorsement from the Schools Division Office through the Office of the SDS</td>
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<td>c. Nomination letter from the Regional Director or his/her duly authorized representative (thru the Regional HRDD Chiefs)</td>
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<td>11. Two (2) reference letters from current/previous employer/supervisor</td>
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</tbody>
</table>
### Identification:
- Singapore Citizen  ☐ Singapore Permanent Resident  ☐ NRIC no: __________
- ☐ Student Pass  ☐ Employment Pass  ☐ Other Pass  ☐ FIN no: __________

For International Applicants
- Passport no: __________
- Country and Place of Issue: __________
- Passport Expiry Date (valid for at least 6 months): __________
- Passport Issue Date: __________ (DD/MM/YY)
- Identification Card number: __________
- Person to contact in an emergency:
  - Name: __________
  - Contact no (including area code): __________
  - Relationship to Applicant: __________

### PART B: PROFESSIONAL QUALIFICATIONS

#### (1) ACADEMIC QUALIFICATIONS

List colleges/universities and/or other tertiary institutions attended, including courses at SEAMEO Regional Language Centre (in chronological order):

<table>
<thead>
<tr>
<th>Period attended</th>
<th>Name of institution and country</th>
<th>Major subject(s)/field(s) of study</th>
<th>Qualifications obtained/pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/MM/YY</td>
<td>XYZ University, ABC country</td>
<td>Applied Linguistics</td>
<td>Bachelor's Degree in Applied Linguistics</td>
</tr>
</tbody>
</table>

If applicable, please indicate your GCE 'A' Level General Paper / 'O' Level English results below:
- 'A' Level: __________
- 'O' Level: __________

If English was not the language of instruction in your previous institution, please indicate your results of one of the below test:
- IELTS: __________
- TOEFL: __________ paper/computer/internet based
- SPM/STPM/MUET*: __________
- CU TEP: __________
- APTIS: __________

* Please delete whichever is not applicable. *Please tick (+) accordingly. * Please indicate N.A. if it is not applicable.
(2) EMPLOYMENT HISTORY

Present Occupation

Position: 
Name of institution/employer: 
Date of joining: 

Give a brief description of the applicant’s present job (including duties and responsibilities).

<table>
<thead>
<tr>
<th>Position</th>
<th>Name of institution/employer</th>
<th>Year</th>
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</table>

Previous occupation(s)

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<tr>
<th>Position</th>
<th>Name of institution/employer</th>
<th>Year</th>
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(3) OVERSEAS CONFERENCES/SEMINARS ATTENDED

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<thead>
<tr>
<th>Period attended</th>
<th>Name of conference/seminar</th>
<th>Venue</th>
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(4) RESEARCH EXPERIENCE

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<th>Title of research</th>
<th>Duration</th>
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<td>(5) PUBLICATIONS</td>
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<tr>
<td>Title of publication/Name of journal</td>
<td>Year published</td>
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<tr>
<th>(6) LANGUAGES SPOKEN AND/OR WRITTEN</th>
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<tbody>
<tr>
<td>Please indicate 'Excellent', 'Good' or 'Fair'.</td>
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<tr>
<td>Language</td>
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(7) Please ensure that you answer the following questions to the best of your ability.

I. Describe the training that you have had on the teaching of English. Give details of courses that you have attended and how the training has helped you in your teaching.

II. Describe the challenges you face teaching a particular subject other than the English Language (e.g. Mathematics, Science or any other subject) using the English Language.

III. How would this course contribute to your professional development?

IV. Describe how knowledge and expertise you hope to gain from this course would be used in your institution/country.

* Please indicate N.A. if this question is not applicable.
STATEMENT BY APPLICANT

I certify that the information I have provided is true, complete and accurate, and I understand that my candidature will be subject to the rules and regulations of RELC.

Signature ___________________________________________ Date ______________________________

Endorsement of Application by:

Name of Principal/Sponsor/Agency ___________________________________________ Signature and Official Stamp ______________________________

Address of School/Sponsor/Agency ___________________________________________ Date ______________________________

Please tick (■) if you consent to the following:

□ I agree that RELC will use my personal data for course registration and/or for statistical research and studies only. RELC may also use such data to inform me of related news and/or events. I understand that I may withdraw my consent for the use of my personal data at any time through sos_pdpa@relic.org.sg.

Completing your application

One copy of each of the following documents must be submitted:

□ Application Form A230 (completed and endorsed) and the Victoria University of Wellington Application to Study (for MA TESOL applicants only)

□ Medical Examination Form A232 (1 original and 1 copy)

□ Copies of your certificates of degrees/diplomas, certified by your institution

□ Copies of your transcripts, certified by your institution. Where a transcript is in a language other than English, it should be accompanied by a certified translation into English. (In the absence of a transcript, a certified statement on the degrees/academic qualifications achieved with a listing of subjects studied and subject examination results is required.)

□ Reference letters (The two reference letters can be from an academic staff who has supervised you or a current/previous employer.)

□ Copies of current/valid IELTS, TOEFL or other valid test results certified by your institution (for applicants from non-English medium education systems)

The above documents should be submitted to RELC via email at sci@relic.org.sg.
MEDICAL EXAMINATION FORM
*APPLICATION FOR MA/DIPLOMA/CERTIFICATE COURSE

PART A: PERSONAL PARTICULARS (to be completed by Applicant)

1. Name:*[Mr/Mrs/Ms/Mdm]________ (Please underline surname)

2. Course Code, Course Title and Course Dates:____________________

3. Home Address:_____________________________________________________

4. Country:________________ Postal code:________________

5. Gender: *Male/Female

6. Date Of Birth:__________ (DD/MM/YYYY)

7. *Passport Number/NRIC No:__________________________________________

8. Nationality:______________________________________________

*Please delete whichever is not applicable

PART B: MEDICAL HISTORY (to be declared and completed by Applicant)

(Failure to disclose medical history in full may lead to the rejection or cancellation of the application/award).

Have you suffered from or undergone any of the following? Please circle either: "Yes" or "No"

1. Tuberculosis Yes / No
2. Pneumonia Yes / No
3. Pleurisy Yes / No
4. Asthma Yes / No
5. Allergic disorders Yes / No
6. Rheumatic fever Yes / No
7. Heart disease Yes / No
8. Gastric or duodenal disorders Yes / No
9. Recurrent indigestion Yes / No
10. Jaundice Yes / No
11. Dysentery Yes / No
12. Varicose veins Yes / No
13. Kidney or urinary diseases Yes / No
14. Rupture Yes / No
15. Diabetes Yes / No
16. Epilepsy Yes / No
17. Poliomyelitis or other neurological disorders Yes / No
18. Nervous breakdown Yes / No
19. Psychiatric disorders Yes / No
20. Eye disorders Yes / No
21. Ear, nose or throat disorders Yes / No
22. Skin diseases Yes / No
23. Anaemia Yes / No
24. Gynaecological disorders Yes / No
25. Malaria or other tropical diseases Yes / No
26. Operations Yes / No
27. Serious accidents Yes / No
28. Any other serious disorders Yes / No

If Yes, please specify: ________________________________

__________________________________________
Signature of Applicant

__________________________________________
Date
PART C: CERTIFICATION BY EXAMINING PHYSICIAN (to be completed by physician)

Please tick (✓) accordingly.

1. Do you consider the candidate medically fit to undertake a (3 to 6 weeks/more than 6 months) course of study abroad? (Please delete whichever is not applicable)

   Yes (✓)    No (   )

   If No, please specify reason: ____________________________________________________________

2. Additional comments by Examining Physician (if any):

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Signature of Examining Physician: ______________________________________________________

Name of Examining Physician: __________________________________________________________

Name of Medical Institution: ____________________________________________________________

Address of Medical Institution: __________________________________________________________

Official Stamp: __________________________

Date: __________________________