





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. 680 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.



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
Gate 2 Karangalan Village
1900 Cainta, Rizal

7800



TO : SCHOOLS DIVISION SUPERINTENDENTS

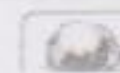
FROM : DIOSDADO M. SAN ANTONIO
Director

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.

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



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.



Southeast Asian Ministers of Education Organization
Regional Language Centre
 Centre of Choice

**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).

Passport-sized
 Photograph

- Please indicate course code, title and dates below:

Course Code	Course Title	Course Dates

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

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

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: _____
 Fax no: _____ Tel no: _____ Email: _____
- Address for correspondence*: Home address Office address
- Date of birth: _____ Age: _____ Place of birth: _____
(DDMMYY) (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

Qualification	Documentary Requirements
a. Filipino citizen	1. Application Form 2. Updated Personal Data Sheet 3. IPCRF Summary of Rating
b. Must have rendered at least two (2) years of service in the government (DepEd) at the time of nomination	
c. Must hold a permanent appointment at the organization nominating him/her	
d. Must have no pending administrative and/or criminal case	4. Certification of no pending administrative and/or criminal case signed by the applicant's respective legal / administrative officer
e. Must have a college degree and/or sufficient demonstrated ability and experience related/relevant to the course he/she is applying for	5. Transcript of Record 6. Individual Plan For Professional Development (IPPD) 7. Letter of Application addressed to the head of office that answers the following: a. What are your present actual duties and responsibilities relevant to the course/program? b. What professional development and organizational needs will the program you are applying for address? c. What initiatives do you plan to implement so your school/station will benefit from this grant?
f. Must have a good command of the English language (spoken and written)	
g. Must have professional development needs aligned with the KRAs of the organization	
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	8. Certification that the applicant has no pending application for scholarship under another program signed by the immediate supervisor
i. Physically and mentally fit	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
j. Not an expectant mother	
	10. endorsements from the head of office a. endorsement from school principal/division chief b. endorsement from the Schools Division Office through the Office of the SDS c. Nomination Letter from the Regional Director or his/her duly authorized representative (thru the Regional HRDD Chiefs) 11. Two (2) reference letters from current/previous employer/supervisor

• Identification^a:

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: _____ (DDMMYY)

(DDMMYY)

• 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).

Period attended		Name of institution and country	Major subject(s)/field(s) of study	Qualifications obtained/pending
From	To			
DD/MM/YY	DD/MM/YY	XYZ University, ABC country	Applied Linguistics	Bachelor's Degree in Applied Linguistics

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

• '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^c:

• IELTS: _____

• TOEFL: _____ paper/computer/internet* based

• SPM/STPM/MUET*: _____

• CU TEP: _____

• APTIS: _____

* Please delete whichever is not applicable. ^aPlease tick (✓) accordingly. ^bPlease indicate N.A. if it is not applicable.

(2) EMPLOYMENT HISTORYPresent Occupation

Position: _____

Name of institution/employer: _____

Date of joining: _____

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

Previous occupation(s)

Position	Name of institution/employer	Year	
		From	To

(3) OVERSEAS CONFERENCES/SEMINARS ATTENDED

Period attended	Name of conference/seminar	Venue

(4) RESEARCH EXPERIENCE

Title of research	Duration	
	From	To

(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 sce_pdpa@relc.org.sg.

Completing your application

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

- Application Form A238 (completed and endorsed) and the Victoria University of Wellington Application to Study (for MA TESOL applicants only)
- Medical Examination Form A228 (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 scl@relc.org.sg.



Southeast Asian Ministers of Education Organization
Regional Language Centre
Centre of Choice

MEDICAL EXAMINATION FORM
***APPLICATION FOR MA /DIPLOMA/CERTIFICATE COURSE**

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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: _____

 Country: _____ Postal code: _____
4. Gender: *Male/Female
5. Date Of Birth: _____ (DD/MM/YYYY)
6. *Passport Number/NRIC No: _____
7. 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 | 15 Diabetes | Yes / No |
| 2 Pneumonia | Yes / No | 16 Epilepsy | Yes / No |
| 3 Pleurisy | Yes / No | 17 Poliomyelitis or other neurological disorders | Yes / No |
| 4 Asthma | Yes / No | 18 Nervous breakdown | Yes / No |
| 5 Allergic disorders | Yes / No | 19 Psychiatric disorders | Yes / No |
| 6 Rheumatic fever | Yes / No | 20 Eye disorders | Yes / No |
| 7 Heart disease | Yes / No | 21 Ear, nose or throat disorders | Yes / No |
| 8 Gastric or duodenal disorders | Yes / No | 22 Skin diseases | Yes / No |
| 9 Recurrent indigestion | Yes / No | 23 Anaemia | Yes / No |
| 10 Jaundice | Yes / No | 24 Gynaecological disorders | Yes / No |
| 11 Dysentery | Yes / No | 25 Malaria or other tropical diseases | Yes / No |
| 12 Varicose veins | Yes / No | 26 Operations | Yes / No |
| 13 Kidney or urinary diseases | Yes / No | 27 Serious accidents | Yes / No |
| 14 Rupture | Yes / No | 28 Any other serious disorders | Yes / No |
| | | If Yes, please specify: | |

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: _____