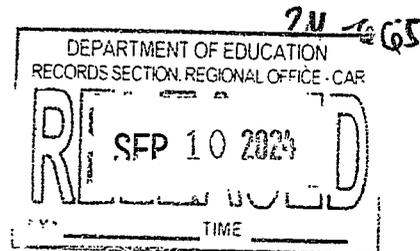




Republic of the Philippines
Department of Education
 CORDILLERA ADMINISTRATIVE REGION



09 September 2024

REGIONAL MEMORANDUM

No. 606-2024

**CALL FOR NOMINATION FOR THE SEAMEO VOCTECH IR4.0
 APPLICATION TO ENHANCE TEACHING AND LEARNING
 THROUGH CLOUD SERVICES**

To: Assistant Regional Director
 Schools Division Superintendents
 All Other Concerned

1. Pursuant to DM-OUHROD-2024-1723, the Southeast Asian Ministers of Education Organization Regional Centre for Vocational and Technical Education and Training (SEAMEO VOCTECH) announces its Call for Nomination for its training scholarship offering titled IR4.0 Application to Enhance Teaching and Learning Through cloud Services, with course details as follows:

Course and Title	IR4.0 Application to Enhance Teaching and Learning through Cloud Services
Course Schedule	November 4-6, 2024 (online) November 18-23, 2024 (face-to-face)
No. of Slots	1
Modality	Hybrid
Target Participants and Qualifications	1. Educators, instructional designers and technology enthusiast who is interested in creating and integrating augmented reality (AR) and virtual reality (VR) technologies into their practice. 2. Participants who seek to enhance their skills in using cloud services, online applications, and immersive technologies for content development and delivery will greatly benefit from this program.
Deadline of Submission	September 11, 2024

2. Attached in enclosure 1-3 are the checklist of general eligibility requirements, scholarship screening form and scholarship clearance.

3. Each SDO may submit one (1) qualified nominee with applications and forms approved by Regional Professional Development Committee (PDC).

4. For queries and clarifications, please contact the Human Resource Development Division – National Educators Academy of the Philippines in the Region (HRDD-NEAPR) through Rosita C. Agnasi, OIC-HRDD-NEAPR or Elvernice



Address: DepEd-CAR Complex, Wangal, La Trinidad, Benguet, 2601
 Telephone No: (074) 422 – 1318
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DepEd Tayo Cordillera



<https://depedcar.ph>



Certificate No. P1P 0285

S. Fanged, Scholarship Focal Person through email address at car.neapr@deped.gov.ph.

5. Immediate and widest dissemination of this Memorandum is directed.


ESTELA P. LEON-CARIÑO EdD, CESO III
Director IV/ Regional Director 

ARRCA/ESF

(Enclosure 1 to RM No. 606-2024)

GENERAL ELIGIBILITY REQUIREMENTS/CHECKLIST

Name:	
Scholarship Program:	
Sponsoring Agency/Organization:	
Region/SDO:	
Work Station:	

Remarks (/, X, others)	Eligibility	Documentary Requirements
	a. Must be a Filipino citizen.	Updated Personal Data Sheet
	b. Must have obtained a very satisfactory (VS) performance rating for two (2) consecutive years.	Latest rated performance rating with approved IDP
	c. Must present his/her Individual Development Plan (IDP) that is validated by the head of Office.	
	d. Must be holding a permanent item.	Updated Service Record
	e. Must be physically, mentally, and psychologically fit.	Medical Certificate from any government physician as to health status.
	f. Must have no master's degree (for those who will apply for a master's degree) and shall have no doctoral degree (for those who will apply for a doctoral degree).	Updated Personal Data Sheet
	g. Must have no current or pending enrollment in other institutions for graduate or postgraduate degree programs (for degree programs).	
	h. Must be willing to sign a Scholarship Contract and commit to its provisions.	(shall be complied after being officially nominated)
	i. Must be willing to prepare, share and implement a Scholarship Report and Work Application Plan (WAP).	
	j. Must have no pending administrative, civil, or criminal case, and must have not been found guilty of any violation involving moral turpitude, corruption, or fraud.	Certificate of no pending administrative/legal charges.
	k. Has already finished his/her existing service obligation for a scholarship, if any. **in any case that the HRDD has no existing format, please use Enclosure 2 of this memo	Clearance from HRDD/NEAP (Enclosure 2)
	l. Has no pending application for retirement.	
	m. Must be able to render his/her service obligation vis-a-vis the duration of the scholarship.	

Preferred Qualifications Set by SEAMEO VOTTECH

1. Program leaders or highly committed and motivated teachers/instructors/trainers of Robotic and Smart System.
2. An existing trainer with basic technical expertise or experience in the respective trade area.
3. Maximum age of 50
4. Must have a good command of English and IT skills
5. Must have the capability and capacity to conduct post-training sharing workshop to their colleagues.

(Enclosure 2 to RM No. 606.2024)

SCHOLARSHIP SCREENING FORM

Name of Teacher	
School	
Division	
Years in the DepEd	
Questions:	
Work Experience/s Related to Teaching (Indicate the highlights and duration.)	
Outstanding Accomplishments (Maximum of five, kindly put the highlights only)	
Educational Attainment (Indicate School, Program, Specialization, and Title of Thesis/Dissertation, if any.)	
What challenges had you experienced as a teacher? What did you learn from them?	
What initiatives do you plan to implement so your school/office will benefit from this program?	
How did you hear about this scholarship opportunity?	

(Enclosure 3 to RM No. 606.2024)

SCHOLARSHIP CLEARANCE

I. NAME		
II. Position/Designation		
III. Permanent Station		
IV. Has availed any scholarship program	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, fill out sections V-X, as applicable.
V. Scholarship Program	Program Type	Title of the Program
	<input type="checkbox"/> Degree <input type="checkbox"/> Non-Degree	
VI. Scholarship Duration		
VII. Status	<input type="checkbox"/> Completed the course (Submit a copy of Certificate of Completion)	<input type="checkbox"/> Withdrawn from the Course (State the reason below)
VIII. Reason/s for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further.</i>	
IX. Service Obligation	No. of Months/Yrs Required	No. of Months/Yrs Completed
X. Reason for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further.</i>	
<i>I hereby attest that the information in this form and the supporting documents attached hereto are true and correct</i>		
_____ Name and Signature of the Scholar		_____ Date and Time
<i>This is to certify that the information in this form and the supporting documents attached hereto are true and correct</i>		
_____ Name and Signature of the Recommending Authority (SDO - HRDD)		_____ Date and Time
APPROVED		
_____ Name and Signature of the Recommending Authority (RO-HRDD)		_____ Date and Time