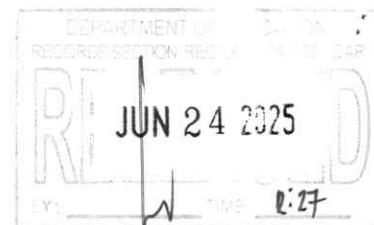




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION



23 June 2025

REGIONAL MEMORANDUM

No. 434.2025

**CALL FOR NOMINATIONS FOR THE SINGAPORE COOPERATION PROGRAMME
TRAINING "EMPOWERING PERSONS WITH DISABILITIES AND SPECIAL
NEEDS"**

To: Assistant Regional Director
Schools Division Superintendents
All Other Concerned

1. Relative to DM-OUHROD-2025-1592 re: Call for Nominations for the Singapore Cooperation Programme Training (SCPT) "Empowering Persons with Disabilities and Special Needs", this office calls for nominations for the SCPT.
2. The Singapore Cooperation Programme (SCP) announces its Call for Nomination for its training program with course details as follows:

Course Title	Empowering Persons with Disabilities and Special Needs
Course Schedule	17-21 November 2025
No. of Slots	One (1)
Target Participants	Mid-level-senior -level government officials involved in social policy planning and development
Deadline of Submission	30 June 2025

3. Each SDO shall recommend one (1) nominee after evaluation by the SDO Personnel Development Committee (PDC) following the qualifications indicated in Enclosures 1 and 2. The deadline for submission of an e-copy of requirements will be on **June 26, 2025, at 10:00 am to carneapr@deped.gov.ph**.
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 S. Fanged, Scholarship Focal Person through email address at car.neapr@deped.gov.ph.
5. Immediate and widest dissemination of this Memorandum is directed.


Digitally signed by ESTELA
P. LEON-CARIÑO EdD, CESO III
Date: 2025.06.24 12:46:13
+08'00'
ESTELA P. LEON-CARIÑO EdD, CESO III
Regional Director, Director IV

//HRDDNEAPCAR/RCA/ESF /singaporecooperation



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DepEd Tayo Cordillera



<https://depedcar.ph>



(Enclosure 1 to RM No. 434 . 2025

GENERAL ELIGIBILITY REQUIREMENTS/CHECKLIST

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

Remarks (✓, ✗, 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 the office.	
	d. Must be holding a permanent item.	Updated Service Record
	e. 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
	f. Must have no current or pending enrollment in other institutions for graduate or postgraduate degree programs (for degree programs).	
	g. Must be willing to sign a Scholarship Contract and commit to its provisions.	(shall be complied with after being officially nominated)
	h. Must have no pending administrative, civil, or criminal case, and must not have been found guilty of any violation involving moral turpitude, corruption, or fraud.	Certificate of no pending administrative/legal charges
	i. Educational Attainment	Photocopy of diploma of highest educational attainment/transcript of records
	j. Passport	Photocopy of VALID Passport
	k. Medical Result	ECG/Urinalysis/X-ray/Feccalysis and Medical Certificate that you are physically fir to undergo foreign training

(Enclosure 2 to RM No. 434.2025

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 <input type="checkbox"/> Degree <input type="checkbox"/> Non-Degree	Title of the Program
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