



*Sama-Sama
sa DECS*

*Tanggapan ng Kalihim
Office of the Secretary*

August 10, 1999

DECS MEMORANDUM
No 330, s. 1999

1999 INNOTECH COURSES

To Bureau and Regional Directors
Heads of Centers and Units
Schools Division Superintendents

1 SEAMEO INNOTECH announces the conduct of the following courses on the dates indicated

One Week Course on Technology Tools for Producing Instruction Materials,
06-10 September, 1999

Two Week Course on Assessing the Multiple Intelligences
11 October, 1999

2 The field is encouraged to send participants to them through the Staff Development Division, HRDS DECS Central Office. Expenses incident to attendance in these training programs shall be charged against local funds

3 Enclosed are data sheets that provide further particulars about the courses

4 The prompt dissemination of this memorandum to all concerned is desired

Andrew Gonzales
ANDREW GONZALES, FSC
Secretary

Incls As stated

Reference DECS Memorandum No 259, s 1999

Allotment 1—(D O 50 97)

To be indicated in the Perpetual Index under the following subjects

OFFICIALS

TEACHERS

TRAINING PROGRAMS



TERMS AND CONDITIONS OF PROGRAMME PARTICIPATION

1 Fields of Study and Training

One Week Course on Utilizing Leading Edge Technologies for Quality Education 12-16 July 1999 *- We have sent participants already.*

Two Week Course on Developing Thinking Skills Across the Preschool Curriculum Laying the Foundation 02-13 August 1999 *We have sent participants already.*

One-Week Course on Technology Tools for Producing Instructional Materials 06-10 September 1999

Two Week Course on Assessing the Multiple Intelligences 11-27 October 1999

2 Venue for Program

The SFAMEO Regional INNOTECH Center
 Commonwealth Avenue Diliman Quezon City
 Philippines

3 Terms and Conditions

- a Salary and Allowances Participants will continue to receive their salaries paid by their home countries. In addition they will receive the following subsidy/allowance in Philippine currency for food and incidental personal expenses

An allowance equivalent to P637.50 per day to be paid in local currency. This represents food and out of pocket allowances.

- 1) Filipino participants will be paid their allowances for the date of the start of the program up to the day it ends.

Mailing Address: P.O. Box 0
 UP Diliman Quezon City
 1101 Philippines

Telephone: (632) 710-1144
 (632) 710-1143
 C.M. INNOTECH MANILA

TEL No. 1 (81) to 82
 9 276
 E-mail: info@rceit.edu.ph

CERTIFICATE OF HEALTH

Full Name of Applicant _____ Age _____
(Family Name) (First Name) (Middle)

Nationality _____

Address _____
(Street and Number) (City) (Country)

I History

- (a) Check after each disease with (X) for positive finding and () for negative finding
 Rheumatic fever [] Tuberculosis [] Lues []
 Malaria [] G.C. []
- (b) Give details of any injury illness operation during the past five years (Be sure to list all illnesses or injuries)
- | Injury or illness _____ | Period of Disability | |
|-------------------------|----------------------|----------|
| | From _____ | To _____ |
| Occupation _____ | From _____ | To _____ |
- (c) Is the applicant under treatment now or has he been for diabetes? (If yes, explain) _____
- (d) Does the applicant have any heart condition? _____ (If yes explain) _____
- (e) Does the applicant suffer from hypertension? _____
- (f) Does a complete blood chemistry examination reveal any irregularity or deficiency? If so specify _____
- (g) Does the applicant suffer from kidney trouble? If yes explain _____
- (h) Does the applicant possess an adequate personality? _____
- (i) Has the applicant ever received treatment or counseling for emotional disturbances nervous disorders or mental illness? _____
- (j) Does the applicant appear to have a normal behavior pattern? _____
- (k) For married women *Pregnancy test Negative _____ Positive _____

II LUNGS

Comment more fully on condition of applicant's lungs _____

III SUMMARY I believe this applicant is physically able to carry on a full course of study involving long hours of work.

In my opinion the applicant's health and physical condition is

Excellent [] Good [] Fair [] Poor []

Remarks _____ Signature _____
Attending Physician

Address _____

*Free non women are disqualified from attending the course.

- 4) As a general rule the participants must follow the schedule prescribed by INNOTECH with respect to their arrival prior to the commencement of the course and their departure upon the completion of the course. Any deviations in time schedule and/or return route must carry the approval of the Ministry of Education of the participant's home country and the consent of INNOTECH.
- d. Insurance and Hospitalization Payment of premiums will be made by the Center to cover hospitalization expenses and accident injuries under certain specific terms and conditions.
- e. Transport Transportation for educational trips organized by the Center will be provided.

4 English Proficiency

English is the working language of all the SFAMFO Centers. At INNOTECH a high level of English proficiency is required. College level materials written in English are used. Participants are also required to write reports in English. Since there is little time to devote to English language training candidates should be proficient in English or should get intensive review training in English before they come to the Center.

5 Computer Literacy

Computer literacy is desirable as this will maximize use of resources which will be made available to participants.

6 Particulars of Participants

Each nominee is requested to complete the Form Personal and Professional Particulars of Participants.

7 Certificate of Health

A medical certificate accomplished by a government physician is to be attached to the completed form (Personal and Professional Particulars of Participant) certifying that the nominee is medically fit for the training program

8 Copyright of Work

It is understood that the participants will assign to the Regional INNOTECH Center their copyright of such papers and work written by them in connection with the Program

9 General

Participants are expected to arrive in Manila a day before their course starts. Arrangements for economy class air travel to Manila will be made by the Center

On receiving nominations the Center will communicate with the participants regarding accommodation and travel arrangements

SOUTHEAST ASIAN MINISTERS OF EDUCATION ORGANIZATION
 REGIONAL CENTER FOR EDUCATIONAL INNOVATION AND TECHNOLOGY
 (INNOTECH)



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 Metro Manila, Philippines
 UP P.O. Box 207
 CAJALE INNOTECH MANILA
 Fax No (632) 971-024



Tel Nos 974 76-8111 84 977-40-03
 9 7 5 93 971-6510

NOTE Please type or print in block letters when filling in this form

Type of Course applied for: _____
 1 Nomination: _____
 Date of Course: _____

1 NAME IN FULL: _____
 (Block Letters) (Underline Surname)

2 MARITAL STATUS: _____ NO. OF CHILDREN: _____

3 NAME OF HUSBAND/WIFE: _____

ADDRESS OF HUSBAND/WIFE: _____

 _____ Tel No: _____

IF SINGLE NAME AND ADDRESS OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY: _____

 _____ Tel No: _____

5 NATIONALITY: _____ 6 RELIGION: _____

7 DATE OF BIRTH: _____ 8 COUNTRY OF BIRTH: _____

9 PASSPORT NO (IF ANY): _____ Place of Issue: _____
 Date of Issue: _____ Date of Expiry: _____

10 HOME ADDRESS: _____

 _____ Tel No: _____

11 DESIGNATION & OFFICIAL ADDRESS: _____

 _____ Fax No: _____



