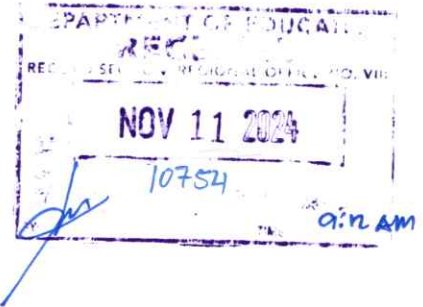
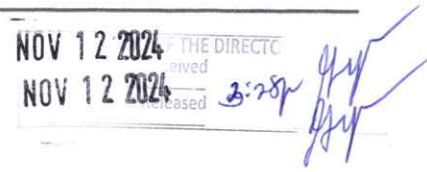





Republika ng Pilipinas
Department of Education
 OFFICE OF THE UNDERSECRETARY
 HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT



MEMORANDUM
 DM-OUHROD-2024-2239



TO : Regional Directors
 Schools Division Superintendents
 School Heads
 All Others Concerned

FROM : 
WILFREDO E. CABRAL
 Undersecretary
 Human Resource and Organizational Development

SUBJECT : **CALL FOR NOMINATION FOR SINGAPORE COOPERATION PROGRAMME – SINGAPORE SKILLS TRANSFORMATION 4.0**

DATE : 11 November 2024

- The Singapore Cooperation Programme (SCP), in collaboration with the Technical Education and Skills Development Authority (TESDA) through its Foreign Scholarship Training Program, announces its **Call for Nomination** for its training program titled **Singapore Skills Transformation 4.0**, with course details as follows:

Course Title	Singapore Skills Transformation 4.0
Course Schedule and Venue	10-14 February 2025 Singapore
No. of Slots	One (1)
Modality	Face-to-face
Target Participants and Qualification	<ul style="list-style-type: none"> Educators, administrators, and policymakers involved in Technical-Vocational Education and Training (TVET) Systems Must have a background in education or training, experience in TVET practices, and willingness to innovate and adapt to existing systems for economic and social development
Deadline of Submission of Nominations and Documentary Requirements	15 November 2024
Date of Interview with TESDA (via Zoom)	21 November 2024, 1:30 p.m. <i>Only those nominees endorsed by the National Educators Academy of the Philippines (NEAP) to TESDA will be interviewed. The Zoom interview link/credentials will be provided by TESDA to the said nominees.</i>

2. For selection purposes, NEAP encourages each Regional Office (RO) to **nominate at least one (1) qualified participant**. All nominees must meet the qualifications and submit the documentary requirements listed in **Enclosure 1**. The *Scholarship Clearance (Enclosure 2)* should also be submitted.
3. The **Participant Nomination Form and required documents must be accomplished and uploaded (in PDF form) on or before 15 November 2024**, through the Microsoft Office Form which can be accessed through the link **<https://forms.office.com/r/BRBcAe18UR>**. Kindly use official DepEd email accounts in submitting the requirements.
4. NEAP shall screen and evaluate the nominations submitted by the ROs based on the prescribed criteria and, subsequently, endorse the qualified participants to TESDA.
5. Please note that applications may be disqualified due to various reasons, such as but not limited to, incomplete requirements, lack of official endorsement/s, direct sending of requirements to the Secretariat's email, discrepancies in documents, etc.
6. NEAP further reiterates that the established qualifications and selection parameters for its scholarship programs are in adherence to the Equal Opportunity Principle (EOP).
7. For additional information or any concerns, please contact the **NEAP Scholarship Secretariat** through email scholarships@deped.gov.ph and/or landline (02) 8715-9919.
8. For immediate dissemination and appropriate action.

Enclosures:

Enclosure 1 – Checklist of General Eligibility Requirements

Enclosure 2 – Scholarship Clearance

Copy furnished:

OFFICE OF THE SECRETARY

[NEAPScholarshipSecretariat/Carabona]



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Enclosure 1

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 the office.	
	d. Must be holding a permanent item.	Updated Service Record
	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	(shall be complied after being officially



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	Contract and commit to its provisions.	nominated)
	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



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Enclosure 2

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)



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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>		
<hr/> Name and Signature of the Scholar	<hr/> 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>		
<hr/> Name and Signature of the Recommending Authority		





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(SDO - HRDD)	Date and Time
APPROVED	
Name and Signature of the Recommending Authority (RO-HRDD)	Date and Time

