



Republic of the Philippines  
**Department of Education**  
REGION X – NORTHERN MINDANAO  
SCHOOLS DIVISION OF EL SALVADOR CITY

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**Office of the Schools  
Division Superintendent**

DIVISION ADVISORY  
No. 021, s. 2022  
February 10, 2022

*In compliance with DepEd Order No. 8, s. 2013,  
this Advisory is issued not for endorsement as per DO No. 28, 2001  
but for the information of DepEd Officials, Personnel/Staff and the concerned public  
(visit <https://depedelsalvadorcity.net>)*

**ONLINE TRAINING ON BOSH FOR SO1**

The Actsafe, Health and Environmental Corp is inviting teachers, non-teaching personnel, and administrators to join the **ONLINE TRAINING ON BOSH FOR SO1** on February 26-27, 2022 via Online Platform.

The online training aims to equip participants with the basic knowledge and skills on identifying safety, health, and environmental hazards; determining appropriate control measures, and developing and implementing OSH policies and programs in the respective organizations/company.

Participation shall be subject to the *no-disruption-of-classes policy* stipulated in DepEd Order No. 09, s. 2005 entitled *Instituting Measures to Increase Engaged Time-On-Task and Ensuring Compliance Therewith*.

Immediate and wide dissemination of this Advisory is desired.

  
**OLGA C. ALONSABE, PhD, CESE**  
Schools Division Superintendent

Encl:

As stated

Reference:

Letter from the Organizer

To be indicated in the Perpetual Index

under the following subjects:

TRAINING PROGRAMS

SGOD/HRD/MPM







ACTSAFE, HEALTH & ENVIRONMENTAL CORP.

DOLE-OSHC Accreditation No.: 1030-090320-121


## PARTICIPANT REGISTRATION FORM

<input checked="" type="checkbox"/> <b>Name of Participant:</b> (Complete Name with Middle Name)		
<input checked="" type="checkbox"/> <b>Address:</b>	<input checked="" type="checkbox"/> <b>Contact No.:</b>	
<input checked="" type="checkbox"/> <b>Email Address:</b>	<input checked="" type="checkbox"/> <b>Age/Birthdate:</b>	
<input checked="" type="checkbox"/> <b>Company (If Applicable):</b>	<input checked="" type="checkbox"/> <b>Designation:</b>	
<input checked="" type="checkbox"/> <b>Company Address:</b>	<input checked="" type="checkbox"/> <b>Company's Contact Number:</b>	
<input checked="" type="checkbox"/> <b>Company's Email:</b>	<input checked="" type="checkbox"/> <b>Total Number of Workers:</b>	
<input checked="" type="checkbox"/> <b>Industry:</b> _____	<input checked="" type="checkbox"/> <b>TIN #:</b>	
<b>Note:</b> Pls. Indicate your Facebook account for our Group Chat in messenger (kindly screenshot)		
<b>Training Course DOLE-BWC Prescribed: (Please check)</b>		
<b>Basic OSH Training SO1 &amp; SO2</b>	<b>Advance OSH Training for SO3 &amp; SO4</b>	
BOSH 40Hours <input type="checkbox"/>	LCM 40Hours <input type="checkbox"/>	
COSH 40Hours <input type="checkbox"/>	SPHA 40Hours <input type="checkbox"/>	
10Hours OSH SO1 <input type="checkbox"/>	TOT 24Hours <input type="checkbox"/>	
<b>For 1 Day and 2 Days OSH Training:</b> _____		
<b>For International OSH Training:</b> _____		
<b>Mode of Payment: (Please check)</b>		
Cash: <input type="checkbox"/>	Bank Transfer: <input type="checkbox"/>	Other method: <input type="checkbox"/> (GCASH,PPS Padala,etc)
<b>Please sent your payment advice, 2 Valid Identification Card, 2x2 Photo ID, Consent and Authorization Form together with this registration on the email below or you may contact the corporate mobile number for further information:</b>		

09669967243/09615018330 

actsafe2019@yahoo.com 

<https://actsafecorp.com> 

121 JMK Buidling,3F Room 314, West Avenue, Quezon City 



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Corporate Mobile No.: 09669967243/09615018330

## Training Consent and Authorization Form

The Actsafe, Health and Environmental Corporation is commitment to compliance of Data Privacy Act of 2012. By signing the agreement below the participants agreed to give the training center consent and authorization to process information, stored and submit to authority in accordance with Data Privacy Act of 2012. Agreement to all these provisions below is a condition to registration and participations on Occupational Safety and Health Training in compliance to Department Order 198-18 the IRR of the Republic Act 11058 "AN ACT STRENGTHENING COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS AND PROVIDING PENALTIES FOR VIOLATIONS THEREOF" under the regulations of Occupational Safety and Health Center (OSHC) of the Department of Labor and Employment (DOLE).

The following are the terms and training policy:

1. I hereby certify that I will submit the following requirements prior to acceptance on registration:
  - Fully accomplished Course Registration Form.
  - Signed consent/authorization form regarding the recorded online training and acceptance of the Online OSH Training Policy.
  - Copy of Proof of Payment.
  - Copy of two (2) valid issued government IDs (front and back).
  - 2x2 ID photo taken for the last 3 months.
2. I shall abide by all the regulations and policies on Occupational Safety and Health Training of the Accredited Safety Training Organizations (The Actsafe, Health and Environmental Corporation).
3. I hereby authorize and give voluntary consent to Actsafe, Health and Environmental Corporation to collect and process the information stated herein and training related documents and information.
4. I agree, authorize and give my consent to Actsafe, Health and Environmental Corporation to record the training for the purpose of complying the requirements of Occupational Safety and Health Center (OSHC) monitoring and evaluation process.
5. I hereby agree with the policy of deferment. In case a participant wishes to defer or withdraw their enrollment, he or she should notify ACTSAFE through email or call/text stating the reasons why he/she will withdraw or defer the registration at least five (5) days before the online classes start.
8. By Signing below, I agree to all the terms and conditions stated herein and to all the policies of Actsafe, Health and Environmental Corporation and that my agreement to all those stated above is among the conditions to my training enrollment.

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Printed Name & Signature of Participants.

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