



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

**Office of the Schools
Division Superintendent**

DIVISION ADVISORY
No. 152, s. 2022
October 03, 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>)*

BASIC OCCUPATIONAL SAFETY AND HEALTH COURSE (BOSH)

The Actsafe, Health and Environment Corp. is inviting teachers, school administrators, and non-teaching personnel to join the **BASIC OCCUPATIONAL SAFETY AND HEALTH COURSE (BOSH)** on October 3-7, 2022 via Online Platform.

The participation of both public and private schools shall be on a voluntary basis. As such, the participants themselves shall shoulder any registration fees and travel/incidental expenses. Further, 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*, Section 3 of Republic Act No. 5546 (Policy on Contributions), and DepEd Order No. 066, s. 2017 (Policy on Off-Campus Activities).

Immediate and wide dissemination of this Advisory is desired.


OLGA C. ALONSABE, PhD, CESO V
Schools Division Superintendent

Encl: As stated
Reference: Letter of Invitation from the Organizer
To be indicated in the Perpetual Index
under the following subjects:

TRAINING PROGRAMS

SGOD/HRD/MPM



Address: Zone 3, Poblacion, El Salvador City | Website: www.depedelsalvadorcity.net
Tel. No. (088) 555-0475 | Email: elsalvador.city@deped.gov.ph



PARTICIPANT REGISTRATION FORM

| | | |
|--|---|---|
| Name of Participant: (Complete Name with Middle Name) | | |
| Address: | Contact No.: | |
| Email Address: | Age: | |
| Company (If Applicable): | Designation: | |
| Company Address: | Company's Contact Number: | |
| Company's Email: | Total Number of Workers: | |
| Industry: _____ | Company TIN #: | |
| Note: Pls. Indicate your Facebook account for our Group Chat in messenger (kindly screenshot) | Region: | |
| Training Course DOLE-BWC Prescribed: (Please check) | | |
| Basic OSH Training SO1 & SO2 | Advance OSH Training for SO3 & SO4 | |
| BOSH 40Hours <input type="checkbox"/> | LCM 40Hours <input type="checkbox"/> | |
| COSH 40Hours <input type="checkbox"/> | SPHA 40Hours <input type="checkbox"/> | |
| 10Hours BOSH SO1 <input type="checkbox"/> | TOT 24Hours <input type="checkbox"/> | |
| For 1 Day and 2 Days OSH Training: _____ | | |
| For International OSH Training: _____ | | |
| Mode of Payment: (Please check) | | |
| Cash: <input type="checkbox"/> | Bank Transfer: <input type="checkbox"/> | Other method: <input type="checkbox"/> (GCASH,PPS Padala,etc) |
| _____ | | |
| 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: | | |

09669967243/09615018330

actsafe2019@yahoo.com

<https://actsafecorp.com>

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





ACTSAFE, HEALTH & ENVIRONMENTAL CORP.

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

Contact Us At: jeckypaciudadano@gmail.com/AHECjessicaciudadano@gmail.com

Corporate Mobile No.: 09568569393/09317146820

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.

Printed Name & Signature of Participants.

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