

Republic of the Philippines

Department of Education





DepEd MEMORANDUM No. **81**, s. 2010 FEB 2 6 2010

SUBMISSION OF NOMINEES FOR THE 2010 SEAMEO REGIONAL CENTRE FOR QITEP IN MATHEMATICS COURSES

To: Bureau Directors

Directors of Services, Centers and Heads of Units

Regional Directors

Schools Division/City Superintendents

1. The Department of Education (DepEd) is now accepting nominees for the Southeast Asian Ministers of Education Organization (SEAMEO) Regional Centre for Quality Improvement of Teachers and Education Personnel (QITEP) in Mathematics for the following courses (Fiscal Year 2010):

Title of Course		Course Schedule	Specification of Participant	No. of Pax	Application Deadline
1.	Teacher Made Teaching Aid	May 3-30, 2010	Primary School Key Teacher	1	April 20, 2010
2.	Heteregenuous Class Instruction	May 31-June 27, 2010	Senior High School Key Teacher	1	May 17, 2010
3.	Utilization and Development of IT-based Mathematics Learning	September 19- October 16, 2010	Junior High School Key Teacher	1	September 5, 2010
4.	Joyful Learning	October 18- November 14, 2010	Junior High School Key Teacher	1	October 2, 2010

- 2. Enclosed are the course application form, general information of the courses and medical report form (to be completed by an authorized physician).
- 3. For queries, please contact the Office of the Assistant Secretary for Programs and Projects, DepEd Central Office, Meralco Avenue, Pasig City at tel. nos.: (02) 636-6549 and/or (02) 633-7206.

4. Immediate and wide dissemination of this Memorandum is desired.

VILMA L. LABRADOI Undersecretary Officer-in-Charge

Encls.: As stated Reference: None

Allotment: 1—(D.O. 50-97)

To be indicated in the <u>Perpetual Index</u> under the following subjects:

SCHOLARSHIPS

TEACHERS

OFFICIALS

Sheila, <u>DM SEAMEO QITEP</u> February 23, 2010



Enclosure No. 1 to DepEd Memorandum No. 81, s. 2010

SEAMEO Regional Centre for QITEP in Mathematics
Jl. Kaliurang Km. 6, Sambisari Condongcatur Depok Sleman Yogyakarta – Indonesia
Phone: +62 274 881717, +62 274 885725; Fax: +62 274 885752;

Email: p4tkmatematika@yahoo.com, qitepinmath@yahoo.com

COURSE APPLICATION FORM

COURSE TITLE		:			
TITLE (Mr/Mrs/Ms/ LAST NAME (Fami FIRST NAME (Give MIDDLE NAME POSITION/DESIGN NATIONALITY SEX BIRTH DATE (Month/Day/Yea PLACE OF BIRTH AGE DIETARY RESTRICT AUTHORIZED BY (6	ily Name) In Name) IATION ION	: : : : :	ale		Female
HOME ADDRESS No. & Street	:			OFFICE/SCHOO Office/School Name	L ADDRESS :
Town	:			No. & Street	:
City/Province State/Region Country Zip Code Telephone No. Fax No. Mobile Number E-mail	: : : : :			Town City/Province State/Region Country Zip Code Telephone No. Fax No. E-mail Website	: : : : : :
CONTACT IN CAS Name Relationship Address Telephone No. Mobile Number E-mail ARRIVAL DATE IN Arrival Date : Flight Details :	: : :) FU	GHT DETAILS	

participant signature over name

General Information of the Courses

1. Participant requirements:

- a. Proficiency in English (a certified copy of participants' proficiency in English must be attached with the course application form). The TOEFL score minimum is 450, or 5 for IELTS minimum score.
- b. Must be in excellent health condition (a medical certificate, accomplished by a government physician certifying that participant is medically fit for four week programme, is to be attached to the course application form).
- c. Should not be more than 50 years of age, except for the Clinical Supervision course (can be 55 years old at most).
- d. Should not in expectant mother condition (for female participants)

2. Course Requirements:

- a. Mathematics curriculum documents from participant's country.
- Articles on actual/recent issues on mathematics education in Primary or Secondary School (in line with the course attended) in participant's country.
- c. Mathematics text books for Primary or Secondary School (in line with the course attended) used in participant's school

3. Terms and Conditions of Scholarship:

a. Air Passage:

- 1) The Centre will refund economy class air-ticket from capital city or nearest International Airport from participant's office/school/work station to Yogyakarta and back. Please submit the ticket, the receipt of the ticket payment, and boarding pass to the Centre.
- For Indonesian participants, the Centre will refund the cost of transportation from participant's home city or town to Yogyakarta and back.
- b. Accommodation, Food, and Attire:
 - 1) The Centre will provide accommodation for participants at QITEP in Math House. The rooms are of double occupancy. The Centre has the right to allocate room-mates to the participants.
 - 2) Meal allowance will be provided.
 - 3) All participants are expected to be properly dressed for classes.

c. Insurance:

Payment of premiums will be made by the Centre to cover accident insurance of participants during the course, under specific terms and conditions.

4. Arrival

In general, participants are expected to arrive in Yogyakarta one (1) day before the course starts and to depart one (1) day after the course is over.

For the course on "Enhancing Mathematics Learning in Primary School Using Realistic Mathematics Education (RME), participants are expected to arrive in Yogyakarta on or about 27 February 2010 and to

depart on 28 March 2010. For non-Indonesian participants, pick up service to the Centre will be provided at Yogyakarta Adisucipto Airport. For that purpose, kindly fill the arrival date and flight details on the registration form.

5. Cultural Night

- a. Participants are expected to give a cultural presentation (e.g. dance, drama, and the like) that represents the culture of participants' countries. It is expected that participants could come prepared with the supporting items (such as costumes, musical instruments, etc) for the presentation. The Centre does not pay for the items.
- b. Participants are expected to bring 24 little souvenirs from their country, to be exchanged to the other participants' souvenirs in the cultural night program.

6. Passport, Exit Permit, and Visa

- a. Non-Indonesian participants must possess valid passports for travel purposes.
- b. Exit permit for nominated participants (except for Indonesians) must be obtained from participants' own Government.
- c. Entry visa for nominated participants (except Indonesian) into Indonesia must be obtained from the Indonesia Embassy in the participants' country. The visa should be a minimum of 6 weeks to cover the 4-week period of course, with multiple entries for the participants. If there is fine for participant who has visa less than 4 weeks, it is the risk of the participant. The Centre will send the participants a letter of offer to help expedite the visa application process when the participants' names from the respective Ministries of Education are received.

7. Other Requirements

All participants should also bring and submit to the Center

- a. Letter of Official Endorsement from their government/school
- b. The Summons for Official Trip (the form and fulfilling guide attached)

8. Enquiries

SEAMEO Regional Centre for QITEP in Mathematics

Jl. Kaliurang Km.6 Sambisari Condongcatur Depok Sleman Yogyakarta, Indonesia

Phone: +62 274 881717 Fax: +62 274 885752

Web: http://www.qitepinmath.org

Email: gitepinmath@yahoo.com; p4tkmatematika@yahoo.com;

emelotirto@yahoo.com

Note:

Should you need more information, kindly contact Ms. Puji Iryanti, phone: +62 8562921435, email: emelotirto@yahoo.com; Ms. Sriyanti, phone: +628122638671, email: yantipppg@yahoo.com; Ms. Nur Amini, phone: +6281328189709, email: minimazee@yahoo.com.

MEDICAL REPORT (to be completed by an authorized physician)

Name of Applicant:							
Age:	Sex:	Height:	cm	Weight:	Kg		
Blood Group:	A B	AB		0			
Blood Pressure:							
Is the person examine health?	Is the person examined physically and mentally able to carry out intensive training away from home?						
Is the person free of in (AIDS, tuberculosis, tro diseases, etc.)?	Does the person examined have any condition or defect (including teeth) which might require treatment during the course?						
List any abnormalities chest X ray.	Pregnancy Test (for woman):						
I certify that the applicant is medically fit to undertake a course in SEAMEO for QITEP in Mathematics.							
Name of Physician	:						
Address of Clinic	:						
Telephone	:						
Email	:						
Signature of Physician	:			Date:			