



Department of Education  
Region III  
**DIVISION OF ANGELES CITY**  
Jesus Street, Pulungbulu, Angeles City



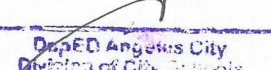
Tel. No.(045) 322-5722; 322-4702/Fax Nos. (045)887-6099  
email address: [angeles.city@deped.gov.ph](mailto:angeles.city@deped.gov.ph)

**DIVISION ADVISORY**

No. 179, s. 2017

RELEASED

AUG 29 2017

By   
DepEd Angeles City  
Division of City Schools

**To:** Chiefs, CID and SGOD  
Education Program Supervisors  
Public Schools District Supervisor  
Heads of Public Elementary and Secondary Schools

**From:** OIC-Schools Division Superintendent

**Subject:** DAP Public Management Development Program: Middle Managers Class (Batch 16)

**Date:** August 29, 2017

This is to inform all concerned that the Development Academy of the Philippines announces the opening of the Public Management Development Program: Middle Managers Class (16<sup>th</sup> Batch) in coordination with the Department of Education, through the Office of Lorna Dig Dino, Director IV, Officer-in-Charge, Office of the Undersecretary for Curriculum and Instruction.

Attached is the copy of the Scholarship Advisory No. 10, s. 2017, for reference purposes. For inquiries, interested applicants may contact the DepEd Scholarship Secretariat at (02) 633-9455 or thru email at [neap.pdd@deped.gov.ph](mailto:neap.pdd@deped.gov.ph).

Wide dissemination of this Advisory to all concerned is desired.

  
LEILANI S. CUNANAN, CESO VI  
Officer-in-Charge

Office of the Schools Division Superintendent

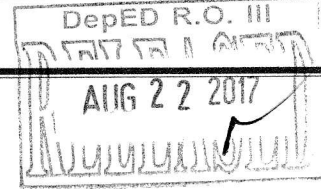


Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
**REGION III**

3452



Matalino St., D.M. Government Center, Maimpis, City of San Fernando (P)  
Website: [www.deped.gov.ph/regions/region-iii](http://www.deped.gov.ph/regions/region-iii) ✕ Email: [region3@deped.gov.ph](mailto:region3@deped.gov.ph)  
Tel: (045) 455-2309 ✕ Fax: (045) 455-2312



August 15, 2017

**ADVISORY**

No. 277 s. 2017

**TO : SCHOOLS DIVISION SUPERINTENDENTS  
AND ALL OTHERS CONCERNED**


**FROM : THE REGIONAL DIRECTOR**

**SUBJECT: DAP PUBLIC MANAGEMENT DEVELOPMENT PROGRAM:  
MIDDLE MANAGERS CLASS (BATCH 16)**

This Office announces the DAP Public Management Development Program: Middle Managers Class (Batch 16) in coordination with the Department of Education, through the Office of Lorna Dig Dino, Director IV, Officer-In-Charge, Office of the Undersecretary for Curriculum and Instruction.

Attached is the copy of the Scholarship Advisory No. 10, s. 2017, for reference purposes. For inquiries, interested applicants may contact the DepEd Scholarship Secretariat at (02) 633-9455 or thru email at [neap.pdd@deped.gov.ph](mailto:neap.pdd@deped.gov.ph).

Wide dissemination of this Advisory to all concerned is earnestly desired.

  
**MALCOLM S. GARMA, CESO V**  
Director III  
Officer-In-Charge  
Office of the Regional Director



Republic of the Philippines

## Department of Education

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301462

*Undersecretary for Curriculum and Instruction*

MEMORANDUM  
DM-CI-2017-\_\_\_\_\_

Scholarship Advisory No. 10, s.2017

TO : Regional Directors  
School Division Superintendents  
Heads of Public Elementary and Secondary Schools

FROM :   
LORNA DIG DINO  
Director IV 8/14/2017  
Officer-in-charge, Office of the Undersecretary  
for Curriculum and Instruction

SUBJECT : DAP Public Management Development Program: Middle Managers Class  
(Batch 16)

DATE : 9 August 2017

The Development Academy of the Philippines announces the opening of the Public Management Development Program: Middle Managers Class (16<sup>th</sup> batch). The program aims to develop a corps of ethical, competent, committed and development-oriented official in the bureaucracy.

The program is open to all high performing high potential personnel:

- At least bachelor's degree holder
- 40 years and below
- With Salary Grade of 22 to 24
- With VS or Outstanding performance rating for the past two (2) years
- Who have not gone on habitual leave (maximum of 2months/year, excluding maternity leave)
- With no pending administrative and/or criminal case
- In good mental and physical health.

Participants will undergo a five-month residential training at DAP Tagaytay City. After which, they will be asked to implement a Re-entry Project (ReP) designed to address a concern or issue of their agencies.

All required documents (Annex A) must be submitted via email at [neap.pdd@deped.gov.ph](mailto:neap.pdd@deped.gov.ph) on or before 1 September 2017.

The application form and other details of the program are enclosed in this memorandum.

For further inquiries and clarifications, you may contact the DepEd Scholarship Secretariat at (02)633-9455 or thru email at [neap.pdd@deped.gov.ph](mailto:neap.pdd@deped.gov.ph)

Immediate dissemination of and appropriate action for this memorandum is desired.

- Annex A: List of Requirements*
- B: Course Information*
- C: Nomination Form 1-B*
- D: Assessment Form 1-D*
- E: Nomination Form 1-F: Agency Screening Certification*
- F: Admission Form 3: Medical Certificate*
- G: Scholarship Contract*
- H: Essay Questionnaire*

## LIST OF REQUIREMENTS

### A. Qualifications

- a. Filipino citizen
- b. At least a bachelor's degree holder
- c. Forty (40) years and below
- d. With Salary Grade of 22 to 24
- e. Must have rendered at least two (2) years of service in the government (DepEd) at the time of nomination
- f. Must hold a permanent appointment at the organization nominating him/her
- g. Must have obtained at least a *Very Satisfactory* performance rating for two (2) consecutive period preceding the nomination
- h. Must have no pending administrative and/or criminal case
- i. Must have no pending nomination for scholarship in another program/course
- j. Must have already rendered the required service obligation for a scholarship previously enjoyed
- k. Willing to sign a service contract up to one year after completing the program
- l. Must meet the position level, age, education and experience required and specified by the donor country/organization/course
- m. Must have a good command of the English language (spoken and written)
- n. Physically and medically fit to travel
- o. Not an expectant mother

### B. Documentary

- a. Nomination Form 1-B
- b. Assessment Form 1-D
- c. Nomination Form 1-F: Agency Screening Certification
- d. Admission Form 3: Medical Certificate
- e. Letter of Application addressed to the donor organization
- f. Endorsement from Regional Director on his/her duly authorized representative
- g. Personal Data Sheet
- h. Statement of present actual duties and responsibilities relevant to the course/program, signed by the immediate supervisor
- i. Transcript/s, of Records and Diplomas for all degrees attained (4 certified copies)
- j. Service record
- k. Performance rating for two (2) consecutive rating periods immediately preceding the nomination
- l. Certification that the applicant has no pending application for scholarship under another program signed by the immediate supervisor
- m. Certification of no pending administrative and/or criminal case signed by the applicant's respective legal / administrative officer
- n. Medical certificate of physical fitness issued by a physician from a recognized accredited health institution but not the same institution where the applicant is presently employed
- o. Fully accomplished *Essay Questionnaire*
- p. Signed *Scholarship Contract*

# Middle Managers Class (MMC)

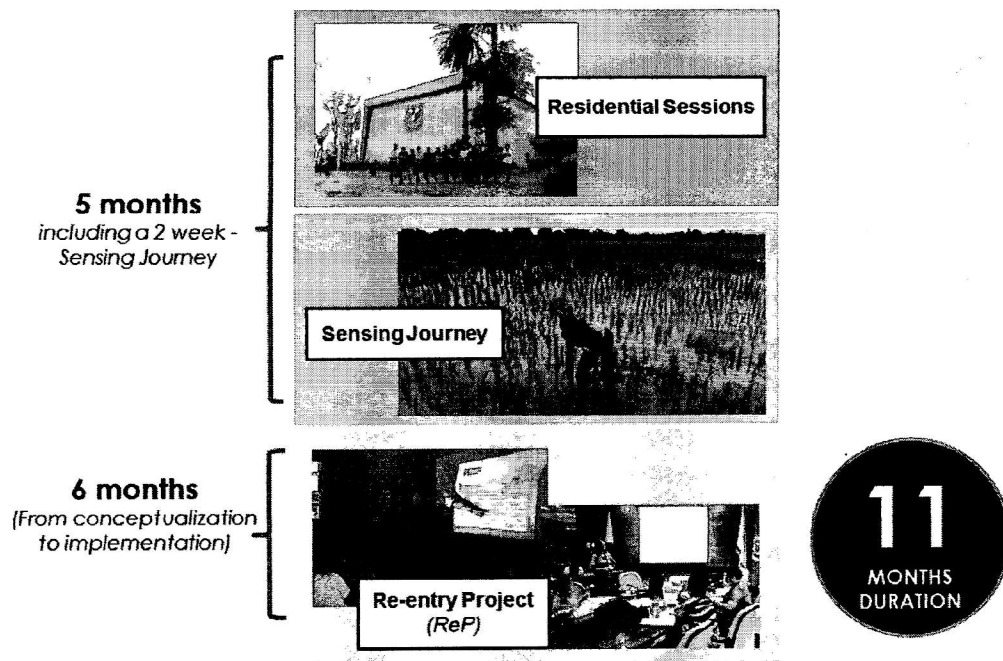
May 28, 2015

This is designed for section to division chiefs who are intelligent, driven, dynamic, open to learning and show promise of assuming bigger responsibilities in the bureaucracy. They belong to the breed of forward-looking junior managers and leaders who exhibit strength in interpersonal skills and a natural love for serving people.

Candidates should hold permanent employment status and positions with salary grade 22 to 24, be aged 40 years or less, and in good health.

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## THE PROGRAM DESIGN



## THE CURRICULUM

### Learning Area 1: Governance and Development

Provide scholars with a deeper understanding of various complementary and sometimes conflicting perspectives on development, and the range of roles government can and does play in its realization.



**Development Perspectives**



**International Governance and Administrative System**



**Dynamics of Social Development**

### Learning Area 2: Strategic Public Management

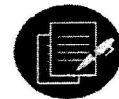
Equip scholars with the skills and tools needed for leading and managing their agencies and offices in a way that maximizes their contribution to development and their impact on society.



**Economic Applications in the Public Sector**



**Public Policy Analysis**



**Managing High Performing Public Sector Organizations**



**Project Development and Management**



**Public Finance and Budgeting**

## Learning Area 3: *Personal Efficacy and Leadership*

Optimize the scholars' awareness of self and others, thus laying the foundation for the enhancement of the leadership attitudes and skills they will need to inspire themselves, their colleagues, superiors, and subordinates to greater heights of performance in the public service.



**Peak Performers in the  
Public Sector Module**



**Transformational  
Leadership**



**Communication,  
Negotiation,  
Media Relations,  
and Diplomacy  
and International Relations**





**INTER-AGENCY STEERING COMMITTEE  
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM -  
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM (NGCESDP-PMDP)**

**NOMINATION FORM 1-B  
MIDDLE MANAGERS CLASS**

**CONFIDENTIAL**

(To be filled-out by the Head of Agency)

I, \_\_\_\_\_, of \_\_\_\_\_ willfully nominate the  
Name Agency  
 following officer/s for admission to the 2016 Public Management Development Program,  
**Middle Managers Class** on the basis of their/his/her good character and outstanding performance:

Title (Mr./Ms.)	Name	Current position	SG	Division/ Office	Contact Number
1.					
2.					
3.					
4.					
5.					

I understand that the above candidates meet the minimum qualifications for the program and will be granted the full scholarship provided that they meet the criteria for admission. Our Human Resources Manager/Officer, (Mr./Ms.) \_\_\_\_\_ can be reached through the following contact nos. \_\_\_\_\_; email address \_\_\_\_\_ to coordinate submission of application and completion of document requirements.

As our commitment, the agency will allow them to take the PMDP training in 2016 once they are confirmed by the PMDP Steering Committee. Should there be any changes or deferment, we will notify the PMDP Secretariat through a letter of notice.

Thank you for this opportunity.

\_\_\_\_\_  
**Printed Name and Signature**  
**Date:**



**Public Management Development Program**  
THE NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM

<b>NOMINATION FORM 1-F</b>		<b>MIDDLE MANAGERS CLASS</b>	
<b>AGENCY SCREENING CERTIFICATION</b>			
<i>(To be filled-out by the Person-in-charge of Scholarship Nominations/ HR or Admin. Personnel)</i>			
<b>Agency Name</b>			
<b>Name of Nominee</b>	Title (Mr., Ms., Dr., etc.)	Last Name	Given Name Middle Name

This certifies that the above nominee is considered high-performing and high potential and qualifies based on the following criteria/requirements of the PMDP:

Criteria	Qualifications			
Nominee holds a position equivalent to SG 18 to 24	Position			
	Date of Appointment	Salary Grade: _____		
	Division/ Department			
	Office Address			
	Office Contact Info			
	Is the nominee designated to another role/function? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, state Designation	Position and SG		
		Date of Designation Order		
	<b>Information on Immediate Supervisor/Boss</b>			
	Name			
Position				
Contact Details				
Nominee satisfies government required eligibility. <i>(Please check applicable boxes)</i>	<b>Professional Certifications</b>		<b>Eligibilities</b>	
	<input type="checkbox"/> PRC, Specify area _____ <input type="checkbox"/> Bar Exams			
		<input type="checkbox"/> PD 907 <input type="checkbox"/> RA 1080 Professional <input type="checkbox"/> Career Service Executive Eligible (CSEE) <input type="checkbox"/> Career Executive Service Eligible (CESE) <input type="checkbox"/> Career Executive Service Officer (CESO) state rank _____	If pursuing 3 <sup>rd</sup> Level eligibility, check stages passed <input type="checkbox"/> MATB <input type="checkbox"/> Assessment Center <input type="checkbox"/> Validation <input type="checkbox"/> Panel Interview	
Nominee is 55 yrs. old or below	Birthdate: _____	Month Day Year	Age: _____	
Nominee holds a Bachelor's degree	Highest educational attainment: _____	Degree and Specialization	Year of Graduation _____ School _____	
Nominee got VS/ higher PAR rating for the past 2 years	<i>(Indicate year, check applicable period and put rating)</i>			
	Year: _____ Rating _____	Year: _____ Rating _____	Year: _____ Rating _____	
	<input type="checkbox"/> 1Sem _____ <input type="checkbox"/> 2Sem _____	<input type="checkbox"/> 1Sem _____ <input type="checkbox"/> 2Sem _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	
Does the nominee have a record of habitual leaves (a maximum of 2 months/year)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the nominee have any pending administrative and/or criminal case? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please cite other information that will support nomination to PMDP.				

The nominee must submit additional requirements such as **Personal Data Sheet**, copy of **Appointment Papers**, copy of **Transcript of Records** and **Nomination form** signed by the head of agency. As part of the screening process, the nominee will undergo an examination and an interview.

Position: \_\_\_\_\_

Name and Signature of Person Completing this Form \_\_\_\_\_ Date Accomplished: \_\_\_\_\_



INTER-AGENCY STEERING COMMITTEE  
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM -  
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM (NGCESDP-PMDP)

**ADMISSIONS FORM 3**  
**MEDICAL CERTIFICATE**  
*(To be filled-out by the Nominee)*

1. NAME <i>(Last name, First Name, Middle Name)</i>		
2. DATE OF BIRTH <i>(mm/dd/yyyy)</i>	3. CIVIL STATUS	4. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
5. WEIGHT <i>(kg)</i> :	6. HEIGHT <i>(cm)</i> :	
7. BP:	8. CR:	
9. Please check "Yes" or "No" if you had any of the following during the last 5 years :		<b>YES</b> <b>NO</b>
a. Tuberculosis, asthma, emphysema, or other lung illnesses		<input type="checkbox"/> <input type="checkbox"/>
b. High blood pressure, heart by-pass, heart attack or other heart diseases		<input type="checkbox"/> <input type="checkbox"/>
c. Stomach ulcer, liver (hepatitis), gall bladder disease		<input type="checkbox"/> <input type="checkbox"/>
d. Kidney problem, stone or blood in urine		<input type="checkbox"/> <input type="checkbox"/>
e. Diabetes, sugar or glucose in blood or urine		<input type="checkbox"/> <input type="checkbox"/>
f. Depression, attempted suicide, or other psychological symptoms		<input type="checkbox"/> <input type="checkbox"/>
g. Tumor, abnormal growth, cyst or cancer		<input type="checkbox"/> <input type="checkbox"/>
h. Bleeding disorder, blood disease (sickle cell anemia)		<input type="checkbox"/> <input type="checkbox"/>
i. Malaria, Cholera, small pox or epidemic disease		<input type="checkbox"/> <input type="checkbox"/>
j. Allergy		<input type="checkbox"/> <input type="checkbox"/>
k. Other serious illnesses (Please specify) _____		<input type="checkbox"/> <input type="checkbox"/>
<p>I certify that the above information is true and correct to the best of my knowledge. I understand that neither PMDP nor the implementing organization shall be liable for any physical or mental problem that I may develop during my participation in the program and that I shall be responsible for bringing with me necessary medicines as prescribed by my physician since they may not be available at the venue of the project.</p>		
<p>_____</p> <p>Date</p>		<p>_____</p> <p>Nominee's Signature</p>



**INTER-AGENCY STEERING COMMITTEE  
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM -  
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM (NGCESDP-PMDP)**

*To be filled-out by the Physician from a **Government Hospital.**  
Please attach laboratory results*

GENERAL STATUS	
<b>EENT:</b>	Ear
<b>Vision:</b>	Nose
<b>Snellens</b>	Throat
RT. _____ LT. _____	Neck
<b>Heart and Lungs</b>	
Chest: _____	
X-Ray Findings: _____	
Breast: _____	
Abdomen: _____	
History of Past Illness: _____	
Hospitalization: _____ _____ _____	
Remarks: _____ _____ _____	

CERTIFICATION			
Based on above given information, I have examined the above nominee and certify that he/she is free from any ailment likely to impair the health of others and fit to participate in the PMDP referred to in this form.			
<b>Hospital/Clinic's Name</b>	:		
<b>Examiner's Name &amp; License No.</b>	:		
<b>Examiner's Signature</b>	:		<b>Date:</b> _____

MEMORANDUM OF AGREEMENT  
(Scholarship Contract)

I, \_\_\_\_\_ (NAME), Filipino, of legal age and with residence at \_\_\_\_\_ (HOME ADDRESS),  
\_\_\_\_\_ (POSITION) of \_\_\_\_\_ (SCHOOL /  
OFFICE /STATION) for and in consideration of the scholarship grant on  
\_\_\_\_\_ (PROGRAM CODE AND TITLE OF THE COURSE) at the  
\_\_\_\_\_ (VENUE OF THE COURSE) for the period  
\_\_\_\_\_ (INCLUSIVE DATES OF THE COURSE) do hereby agree to observe  
the following terms and conditions:

- a. shall maintain the academic standards and other course requirements set for by the program of the institution and Department of Education (DepEd) and that failure to do so would be sufficient grounds for disqualification and termination of the scholarship;
- b. shall conduct myself in such manner as not to bring disgrace or dishonor to myself, the institution and the DepEd;
- c. shall return to my official station and resume my functions immediately upon the completion or termination of my scholarship or training grant;
- d. shall, at the end of my scholarship or training grant, submit to the head of my office and the Department of Education (DepEd) through the National Educators Academy of the Philippines (NEAP) a copy of my scholarship reports containing lessons for the conduct of echo seminars to share new learnings, teaching innovations, and strategies to my co-teachers and administrators; various trainings, program highlights and general impressions constituting my (scholar's) evaluation of the program;
- e. shall, upon return to my station, implement the echo seminars and submit reports to the Professional Development Division, National Educators Academy of the Philippines at Second Floor, Mabini Building, DepEd Complex, Meralco Avenue, Pasig City;
- f. shall teach the subject / conduct echo seminars on the course in which I was granted the scholarship and continue to serve my school / division / region for at least three years which is the service obligation equivalent for a year of scholarship or a fraction thereof;
- g. shall refund in full to the Department of Education such sums of money as may have been defrayed by the Philippine government for expenses incidental to my scholarship, for failure to comply with any of the foregoing

conditions through my fault or willful neglect, resignation from the service, transfer to other agencies, voluntary retirement or other causes within my control.

IN WITNESS WHEREOF, I set my hand this \_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
DepEd Scholar  
(signature over printed name)

\_\_\_\_\_  
Chairman, Scholarship Committee  
(signature over printed name)

Witness:

\_\_\_\_\_

\_\_\_\_\_  
Regional Director\*  
(signature over printed name)

\_\_\_\_\_  
Head, Scholarship Secretariat\*\*  
(signature over printed name)

\*initials of immediate supervisor under Director's signature  
\*\*initials of other members of the Scholarship Secretariat

REPUBLIC OF THE PHILIPPINES )  
CITY OF ) S.S.

**BEFORE ME**, a Notary Public, for and in the above jurisdiction, personally appeared the following:

Name	ID	Date/Place Issued
_____	_____	_____
_____	_____	_____

are known to me as the same persons who executed the foregoing instrument and acknowledged to me that the same are their own free and voluntary act and deed.

This instrument consists of three (3) pages including the page wherein this acknowledgement is written and is signed by parties and their instrumental witnesses on each and every page hereof.

**WITNESS MY HAND AND SEAL**, this \_\_\_\_ day of \_\_\_\_\_, at Pasig City, Philippines.

\_\_\_\_\_  
Notary Public

Doc No. : \_\_\_\_\_  
Page No. : \_\_\_\_\_  
Book No. : \_\_\_\_\_  
Series of : \_\_\_\_\_

## ESSAY QUESTIONS

*(Use a separate sheet, if necessary)*

Name of Applicant : \_\_\_\_\_

1. Briefly discuss your work functions.
2. Why do you want to be part of the program?
3. How can your school benefit from your attendance to the program?
4. What initiatives can you implement to promote awareness and/or appreciation of early childhood education?
5. Cite examples wherein you applied the lessons you gained from a training/conference/scholarship to your school.