

## Republic of the Philippines DEPARTMENT OF EDUCATION Negros Island Region

## SCHOOLS DIVISION OF NEGROS ORIENTAL Office of the School Governance and Operations Division

Capitol Area, Dumaguete City

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<b>TRAVEL ORDER</b> NO. <u>548</u> , s. 2016		November 10, 2016 RE No.: 116.234  DATE:
ТО	MS. GEMMA O. QUIRIT MS. PELLUCHIE M. BILANGDAL MS. ADELAYDA F. MANABAN MS. PEREGRINA D. BOLONGAITA	<ul> <li>DepEd Rep., STA. CATALINA</li> <li>DepEd Rep., VALENCIA</li> <li>DepEd Rep., SIBULAN</li> <li>DepEd Rep. VALENCIA</li> </ul>
OFFICE	: Division of Negros Oriental	
PURPOSE	: To attend the CAPIN Year 4 Assessment and Planning Cum Stress Debriefing and Teambuilding Workshop	
DATE OF TRAVEL	: November 15-17, 2016	•
VENUE/PLACE	: Coco Grove Beach Resort, San Juan, Siquijor	
ALLOWED/CHARGED auditing rules and regula		ds subject to the usual accounting and
X : Meals andX : Transporta	on/Transportation and other expenses accommodation (CONSUELO Foundation in Expenses (charged to School MOO ation/per diem & other incidental expenses	E funds)

Note: For details of the activity please refer to the attached communication.

SALUSTIANO T. JIMENEZ, CESO VI

OIC-Office of the Assistant Regional Director Concurrent Schools Division Superintendent









November 9, 2016

4-3812 J-09 NOV 2016

## MR. SALUSTIANO T. JIMENEZ, LL. B., CESO VI

OIC, Office of the Assistant Regional Director, NIR Concurrent Schools Division Superintendent Division of Negros Oriental Dumaguete City

Attention:

Ms. Gemma O. Quirit

DepEd Rep. Sta. Catalina

Ms. Adelayda F. Manaban DepEd Rep. Sibulan

Ms. Pelluchie M. Bilangdal

DepEd Rep. Valencia

Ms. Peregrina D. Bolongaita

DepEd Rep. Valencia

Dear Mr. Jimenez,

Greetings!

We are pleased to invite the abovementioned names to the CAPIN Year 4 Assessment and Planning cum Stress Debriefing and Teambuilding Workshop on November 15-17, 2016 at Coco Grove Beach Resort, San Juan, Siguijor.

The workshop aims to draw lessons from the four years of project implementation, to adjust the contents of the ongoing intervention and to identify ways to sustain the system developed through the CAPIN Project in relation to realities in the field, in the institution and/or contextual developments through the following:

- 1. Present and revisit July 2015 Assessment Result and Plan of Action
- 2. Validate the 4 year Accomplishment vis-à-vis Log Frame
- 3. Draw key evaluation questions to generate lessons and analyze results and impacts
- 4. Understand that the value of teamwork and better interpersonal dealings will effects mitigate the unnecessary effects of work-related stress
- 5. Identify the impact of certain stressors on an individual's ability to function effectively in both their personal and professional lives
- 6. Formulate work plan and identify ways for sustainability of the project

The CAPIN members' participation to this workshop is valuable to us. To facilitate the participant's travel for the duration of the workshop, Consuelo Foundation will take care of the meals and accommodation of confirmed participants. To secure your slot, kindly fill-out the confirmation form and submit to us on or before November 10, 2016. We expect though that the transportation expenses will be considered your agency's counterpart. These include expenses from the participant's residence to the sea port and back.

For any clarification with regard to this invitation, you may contact us at telephone number (035) 226-1800 or mobile number 0906-647-1097 (Dyna). We can also be reached via email at <a href="mailto:genderwave@gmail.com">genderwave@gmail.com</a>.

Thank you and we hope to see your representatives in the workshop.

Sincerely,

**Dyna Mae . Zerna** CAP<del>IN P</del>roject Coordinator

Noted by:

ATTY. SHEENA A. ALESN GWAVE Executive Director







Title of the Activity: CAPIN Year 4 Assessment and Planning cum Stress Debriefing

and Teambuilding Workshop

Venue

: Coco Grove Beach Resort, San Juan, Siquijor Date: November 15-17, 2016

## PARTICIPANTS' PROFILE/CONFIRMATION SHEET

Organization/				
Agency Name			Nick Name	
·			TVICK TVAINC	
Birth date		Age	Sex ()F ()M	
(mm/dd/yy)		_		
Position/		Email	•	
Designation			•	
Telephone	Cellphone		Fax	
Number of Years in Current Position:				

Pls. send your confirmation form to: Email Address: genderwave@gmail.com

THANK YOU!!!!