



PDOS ADVISORY NO. 05
Series of 2019

TO : ALL ACCREDITED PDOS PROVIDERS

SUBJECT : SCHEDULE OF THE TRAINING OF TRAINERS (ToT) FOR NEW APPLICANT PDOS TRAINERS FOR LAND-BASED AND SEA-BASED ACCREDITED PDOS PROVIDERS (APPs)

DATE : 20 September 2019

You are advised of the upcoming schedule of Training for Trainers (ToT) for new applicant PDOS trainers for landbased and seabased PDOS Providers that is organized by the Overseas Workers Welfare Administration (OWWA). The ToT aims to equip the trainers with the necessary knowledge and skills to be effective PDOS trainers. Further, this training is an essential requirement in applying for accreditation as PDOS providers.

The following are the requirements for New PDOS Trainers:

1. Endorsement letter from the Philippine Recruitment/Manning Agency addressed to **ROSALIA SUSANA S. BAHIA-CATAPANG**, Director for Policy and Program Development Office (PPDO), OWWA.
2. Trainer's registration form with passport size photo (please see attached).
3. Updated Curriculum Vitae (CV)/Resume
4. Certificate of Employment (COE)
5. Copy of College Diploma, or if undergraduate, Transcript of Records (TOR)
6. Relevant training certificates, preferably IMO Model Course 6.09 for sea based or OWWA PDOS Training of Trainers (ToT) Certificate, if applicable.

The Qualification Standards for PDOS Trainers are the following:

1. Must be a college graduate or its equivalent educational attainment substituted with 36 hours of related training for every year of deficiency; or 2 years of related experience;
2. For sea based applicants, must have shipboard experience and on-site experience for land based workers, or must have been involved in training, research, administration, or similar undertakings, relevant to overseas employment for at least three (3) years with experience as instructor/trainer; and
3. Must exhibit good communication skills, fluent in English and Filipino.

Agency Liaison Officers are not qualified to apply as PDOS Trainers.

We shall accept endorsements/applicants for accreditation of PDOS Trainers not Later than 27 September 2019.

For inquiries, please contact PDOS DEVELOPMENT & MONITORING UNIT (PDMU) – ToT Secretariat at 9817601 local 5608 or 8340190.


HANS LEO J. CACDAC
Administrator



PDOS TRAINER REGISTRATION FORM

Print legibly. Use separate sheet if necessary.

I. PERSONAL INFORMATION

NAME	<small>Last name</small>	<small>First name</small>	<small>Middle name</small>	<small>Suffix</small>	ID picture taken within the last 6 months 3.5 cm X 4.5 cm (passport size)
HOME ADDRESS					
DATE OF BIRTH		SEX			
PLACE OF BIRTH			CITIZENSHIP		
CIVIL STATUS			CELLPHONE NO.		
			E-MAIL ADDRESS		
EMPLOYEE NO.			OFFICE TELEPHONE NO.		
COMPANY NAME					
COMPANY ADDRESS					

PHOTO

II. EDUCATIONAL BACKGROUND

LEVEL	NAME OF SCHOOL <small>(Write in full)</small>	DEGREE COURSE <small>(Write in full)</small>	YEAR GRADUATED/ HIGHEST LEVEL	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED

III. WORK EXPERIENCE (Start from your present work)

DEPARTMENT / AGENCY / OFFICE / COMPANY <small>(Write in full)</small>	INCLUSIVE DATES OF ATTENDANCE <small>(mm/dd/yyyy)</small>		POSITION TITLE <small>(Write in full)</small>
	From	To	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

(Continue on separate sheet if necessary)

IV. TRAINING PROGRAMS (Start from the latest training attended)

TITLE OF SEMINAR/WORKSHOP/SHORT COURSE <small>(Write in full)</small>	INCLUSIVE DATES OF ATTENDANCE <small>(mm/dd/yyyy)</small>		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY <small>(Write in full)</small>
	From	To		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

(Continue on separate sheet if necessary)

V. ENDORSEMENT (To be signed by the present employer/ official representative.)

This is to certify that the above name person is employed in our company/ organization/ association, and that he/she has sufficient and appropriate knowledge, skills, and training to be a registered PDOS Trainer according to the application requirements.

PRESIDENT/ HIGHEST AGENCY OFFICIAL
 (Signature over printed name)

POSITION

DATE

I declare under oath that this Trainer's Registration Form has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head to verify / validate the contents stated herein. I trust that this information shall remain confidential.

PDOS TRAINER
 SIGNATURE OVER PRINTED NAME (Sign inside the box)

DATE ACCOMPLISHED