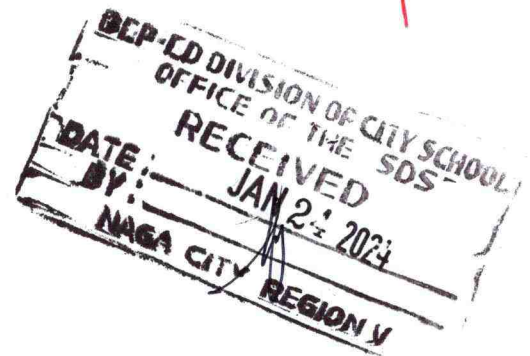


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JAN 25 2024



January 17, 2024

Greetings!

We, The **ACTSAFE, HEALTH AND ENVIRONMENTAL CORP.** a DOLE-OSHC Accredited Safety Training Organizations will be having an approved Online Training and we would like to invite you and your company to attend our **Basic Occupational Safety & Health Course (BOSH) 40 Hour with 2 Hour Train the Trainer (TOT) on February 12-16, 2024** from **8:00am to 5:00pm** via webinar (zoom pro class) exclusives for all the Government Employees, with CPD units for Nurses, Medicine, Medical technicians, Chemical Engineers and Midwife.

The **Basic Occupational Safety & Health Course (BOSH) 40 Hour** is a Training Course required for Safety Officers 2 (SO2) under **Joint Memorandum Circular (JMC) No.1-2020** by **Civil Service Commission, Department of labor and Employment (DOLE), Department of Health (DOH), Department Order 198-18 the Implementing Rules and Regulation of Republic Act 10058** "An Act Strengthening Compliance with the Occupational Safety & Health Standards and Providing Penalties in Violation thereof", and **Occupational Safety and Health Standards (OSHS)** as amended. The **JMC 1-20** is a Guidelines on Occupational Safety and Health Standards for the Public Sector is aimed at protecting all government employees from the dangers of injury, sickness or death in the workplace through the adoption of safe and healthy working conditions to ensure the preservation of human lives and resources and prevent loss/damage of properties

This shall also guide the government agencies in the development, implementation, monitoring and evaluation of Occupational Safety and Health for government employees.

Training Fee is **Four Thousand Pesos (Php 4,000.00)** to cover the Training Certificate, Training Manual (electronic copy) and ID (freebie).

For Confirmation, please email back at [jeckyapciudadano@gmail.com](mailto:jeckyapciudadano@gmail.com) / [AHECjessicaciudadano@gmail.com](mailto:AHECjessicaciudadano@gmail.com)

For inquiry, please contact us at 09317146820 smart 09568569393 globe look for Jessica.

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For bank transactions, please deposit your payment through our Bank Account /Check payment to: **ACTSAFE, HEALTH AND ENVIRONMENTAL CORP** with **BDO Account No.: 003638013927. Chinabank Account No.: 141700003771.** Please scan your Deposit Slip and send to our email for verification. We also accept **GCASH**



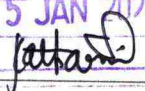
09568569393 Jessica Ciudadano, PayMaya 09317146820 Jessica Ciudadano, Palawan Pawnshop Padala, Cebuana Lhullier, M Lhullier and Western Union (JESSICA CIUDADANO 09568569393).

Thank you and we look forward to your participation.

Very truly yours,

JESSICA Y. CIUDADANO

Safety Training Coordinator

 Republika ng Pilipinas <b>Kagawaran ng Edukasyon</b> REHIYON V <b>TANGGAPANG PANSANGAY NG MGA PAARALAN NG LUNGSOD NAGA</b>	
To: Assistant Schools Division Superintendent Chief Education Supervisors CID and SGOD Personnel OSDS Unit Heads Public School Heads All Others Concerned  For information.	January 25, 2024   <b>SUSAN S. COLLANO CESO V</b> Schools Division Superintendent
<div style="border: 2px solid purple; padding: 5px; display: inline-block;"><b>DEPED DIVISION OF NAGA CITY</b> <b>RECORDS SECTION</b> <b>24010030</b> DATE: 25 JAN 2024 TIME: 1:55 PM BY: </div>	

DM 31, s. 2019 Rider Rev. 01



Roxas Avenue, Brgy. Triangulo, Naga City, Camarines Sur  
0981 630 0070  
naga.city@deped.gov.ph







ACTSAFE, HEALTH & ENVIRONMENTAL CORP.

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

## 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:**

**Course and Training Date:**

**Training Course DOLE-BWC Prescribed: (Please check)**

**Basic OSH Training SO1 & SO2**

**Advance OSH Training for SO3 & SO4**

BOSH 40Hours

☐

LCM 40Hours

☐

COSH 40Hours

☐

SPHA 40Hours

☐

10Hours BOSH SO1

☐

TOT 24Hours

☐

**For 1 Day and 2 Days OSH Training:** \_\_\_\_\_

**For International OSH Training:** \_\_\_\_\_

**Mode of Payment: (Please check)**

Cash:

☐

Bank Transfer:

☐

Other method:

☐

(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

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09568569393/09317146820

jeckypaciudadano@gmail.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**

corporate mobile number for further information:

Contact Us At: [jeckypaciudadano@gmail.com/AHECjessicaciudadano@gmail.com](mailto: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.

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09568569393/09317146820

[jeckypaciudadano@gmail.com](mailto:jeckypaciudadano@gmail.com)

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**ACTSAFE, HEALTH & ENVIRONMENTAL CORP.**

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

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**Printed Name & Signature of Participants.**

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