



Republic of the Philippines
Department of Education
 REGION II – CAGAYAN VALLEY

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ADVISORY No. 094, s. 2022
 May 6, 2022

In compliance with DepEd Order (DO) No. 8, s. 2013, this advisory is issued not for endorsement per DO 28, s. 2001, but only for the information of DepEd officials, personnel/staff in all Schools Division Offices, as well as the concerned public.
 (Visit region2@deped.gov.ph)

**BASIC OCCUPATIONAL SAFETY & HEALTH COURSE (BOSH)
 OFFERED BY ACTSAFE**

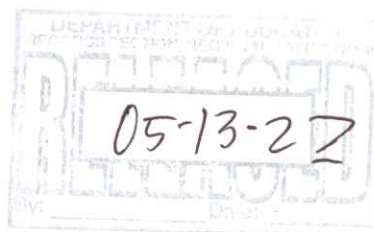
This is to inform you of the invitation for the **Online Training on Basic Occupational Safety & Health Course (BOSH)**, as attached.

Participation to the training is optional/voluntary. Registration fee and other expenses shall be charged at participant's own account.

For registration and complete details of the training programs, questions and other clarifications, you can contact the Safety Training Coordinator at 0961 501 8330 or email at actsafe2019@yahoo.com.

Immediate dissemination of this Advisory is desired.

BENJAMIN D. PARAGAS, PhD, CESO III
 Director IV/Regional Director



HRDD/jbs/sam



Address: Regional Government Center, Carig Sur, Tuguegarao City, 3500
Telephone Nos.: (078) 304-3855; (078) 396-9728
Email Address: region2@deped.gov.ph
Website: region2.deped.gov.ph



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ACTSAFE
HEALTH AND ENVIRONMENTAL CORP.
DOLE-OSHC Accreditation No.: 1030-090320-121

121 JMK BLDG., West Avenue, Bungad, Quezon City
Email: actsafe2019@yahoo.com Contact Nos.: 09615018330
aresafe@yahoo.com 09669967243



April 18, 2022

Dear Sir/Madam,

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 May 16-20, 2022** from 8:00am to 5:00pm via webinar (zoom pro class) for Government Employees.

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) Early bird discount for those who will register one (1) week prior to conduct of the training at **Three Thousand Eight Hundred Fifty Pesos (Php 3,850.00)**.

For Confirmation, please email back at jeckyapciudadano@gmail.com / AHECjessicaciudadano@gmail.com

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

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) 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



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PARTICIPANT REGISTRATION FORM

<input checked="" type="checkbox"/> Name of Participant: (Complete Name with Middle Name)		
<input checked="" type="checkbox"/> Address:	<input checked="" type="checkbox"/> Contact No.:	
<input checked="" type="checkbox"/> Email Address:	<input checked="" type="checkbox"/> Age/Birthdate:	
<input checked="" type="checkbox"/> Company (If Applicable):	<input checked="" type="checkbox"/> Designation:	
<input checked="" type="checkbox"/> Company Address:	<input checked="" type="checkbox"/> Company's Contact Number:	
<input checked="" type="checkbox"/> Company's Email:	<input checked="" type="checkbox"/> Total Number of Workers:	
<input checked="" type="checkbox"/> Industry: _____	<input checked="" type="checkbox"/> Company TIN #:	
Note: Pls. Indicate your Facebook account for our Group Chat in messenger (kindly screenshot)		
Training Course DOLE-BWC Prescribed: (Please check)		
Basic OSH Training SO1 & SO2	Advance OSH Training for SO3 & SO4	
BOSH 40Hours <input type="checkbox"/>	LCM 40Hours <input type="checkbox"/>	
COSH 40Hours <input type="checkbox"/>	SPHA 40Hours <input type="checkbox"/>	
10Hours BOSH SO1 <input type="checkbox"/>	TOT 24Hours <input type="checkbox"/>	
For 1 Day and 2 Days OSH Training: _____		
For International OSH Training: _____		
Mode of Payment: (Please check)		
Cash: <input type="checkbox"/>	Bank Transfer: <input type="checkbox"/>	Other method: <input type="checkbox"/> (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 corporate mobile number for further information:		

09669967243/09615018330 

actsafe2019@yahoo.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

Contact Us At: actsafe2019@yahoo.com/aresafe2019@yahoo.com/actsafe2019@gmail.com

Corporate Mobile No.: 09669967243/09615018330

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:

- 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.
- 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).
- 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.
- 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.
- 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.
- 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.

Printed Name & Signature of Participants.

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