

NOMINATION FOR APPOINTMENT AS
ASSISTANT LEADER TRAINER

BOY SCOUTS OF THE PHILIPPINES • NATIONAL OFFICE, MANILA
5/F BSP National Office Building, 181 Natividad Almeda Lopez St., Ermita, Manila



Surname: _____
First Name: _____
Middle Name: _____
Local Council: _____ Region: _____
Mailing Address: _____
Birthdate: _____ Birthplace: _____ Age: _____
Civil Status: _____ Gender: _____ Religion: _____
Contact Info: Landline: _____ Mobile No.: _____ Email: _____
School/Sponsoring Institution: _____ Unit No: _____
BSP Membership Card No: _____ Date of Registration: _____ Valid Until: _____
Educational Attainment: _____ Occupation: _____
ATC No. _____ Dates: _____ Venue: _____
Scouting Position: _____ WB Registration No: _____
Section: Langkay: _____ Kawan: _____ Troop: _____ Outfit: _____ Circle: _____ LOA: _____
Course for Managers of Learning No: _____ Inclusive Dates: _____
Course Venue: _____ Course Leader: _____

Must serve at least in three (3) separate Basic Training Courses of the section where you are trained. Handle at least eight (8) different sessions using variety of Training Methods and Techniques duly certified by the Course Leader.

BTC Course No.	Inclusive Dates	Course Venue	Certified by the Course Leader
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Sessions Handled:	Training Method and Techniques Used	C.L. Rating
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

Legend for C.L. Rating: 100 – 90 Excellent; 89 – 85 Very Satisfactory; 84 – 80 Satisfactory; 79 – 75 Poor; 74 – 70 Needs Improvement (N.I.)

Course No: _____ Venue: _____ Dates: _____

PERFORMANCE CRITERIA	Ex	V.S.	Sat.	Poor	N.I.
1. Deliver a training session with full confidence.					
2. Effectively use of 4As in delivering a session.					
3. Deliver at least 1 session in full English Language.					
4. Used different types of Visual Aids and Training Devices.					
5. Used at least 4 different Training Methods and Techniques in the delivery of his/her sessions.					
6. Shows certain level of mastery of the subject matter / topic in Basic Training Courses.					

Legend: 100 – 90 Excellent; 89 – 85 Very Satisfactory; 84 – 80 Satisfactory; 79 – 75 Poor; 74 – 70 Needs Improvement (N.I.)

Remarks/Comments: _____

Assessed by: _____ Attested by: _____ Certified by: _____

Council Training Commissioner
Signature over printed name

Council Scout Executive/OIC
Signature over printed name

Regional Training Commissioner
Signature over printed name

Date: Time: Venue:

Remarks/Comments:

After successfully completing the requirements prescribed under the **Service Assignment No. 1** of the Revised BSP National Training Policy, this Panel is now convinced that the candidate has gained much Training experience and competencies expected from an **Assistant Leader Trainer** of the **Boy Scouts of the Philippines**.

This interview has assessed and validates the readiness of our candidate to undertake increasingly heavier tasks in the ladder of **Leadership Training for all Adults in Scouting** as an Assistant Leader Trainer and be able to instruct and deliver quality training sessions based on **Standards** as stated in the Training Policy.

Interviewed by:

Chairperson
National Training Commissioner

Member
National Training Commission

Member
National Training Commission

This is to **CERTIFY** that of Council have successfully completed the prescribed requirements of the **Revised BSP National Training Policy** specifying his/her services rendered as **Session Holder/Instructor** in the **Basic Training Courses** conducted by the Local Council indicated herein under **Service Assignment No. 1**.

We further certify that he/she is now prepared for and ready to receive his/her Appointment as Assistant Leader Trainer and undertake his/her **Service Assignment 2 – Assistance in Advanced Training Courses** that will be conducted by the Region. Please consider our candidate to be part of the Course Staff for the next Wood Badge course.

Certified by:

Attested by:

Council Scout Executive/OIC
Signature over printed name
Date:

Council Training Commissioner
Signature over printed name
Date:

Upon the recommendation of the Local Council, the Regional Office, and the National Training Commission, after successfully completing all the prescribed requirements of the **Revised BSP National Training Policy**, it is hereby recognized that the candidate has proven competencies and gained thorough experience to perform the role and responsibilities of an **Assistant Leader Trainer** of the Boy Scouts of the Philippines.

The **Honorable Charge** and **Certificate of Appointment** as **Assistant Leader Trainer** will be issued in favour of the candidate and must be awarded in a prescribed ceremony pursuant to the **International Training Standards** and the **Wood Badge Training Traditions**.

Checked by:

Verified by:

Training Assistant
Signature over printed name

Program & Adult Resources Executive
Signature over printed name

Recommending Approval:

APPROVED BY:

Director, Field Operations Division
Signature over printed name

National Training Commissioner
Signature over printed name

ALT Registration No: Date Approved: Section:

ATC Service Assistance Nos:	Inclusive Dates	Course Venue	Certified by RSD/RTC
1. Position in the Course:		Sessions Handled:	
2. Position in the Course:		Sessions Handled:	

This is to **CERTIFY** that of Council have successfully completed the prescribed requirements of the **Revised BSP National Training Policy** specifying his/her **Service Assistance** in the **Advanced Training Courses** conducted by the Region indicated herein under **Service Assignment No. 2**.

We further certify that the candidate is now ready and prepared to take the **2nd Level of the Trainer’s Training Scheme** of the Boy Scouts of the Philippines – **The Course for Managers of Training**. Please consider our candidate to be eligible to take this next higher training.

Certified by:

Attested by:

Regional Scout Director
Signature over printed name
Date:

Regional Training Commissioner
Signature over printed name
Date: