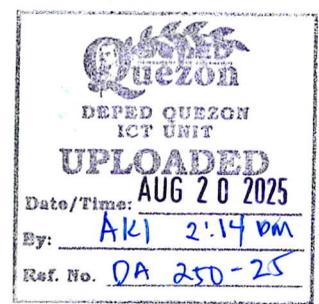




Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE



DIVISION ADVISORY NO. 250, s. 2025

August 14, 2025

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

ONLINE BASIC OCCUPATIONAL SAFETY AND HEALTH (BOSH) COURSE

The ACTSAFE, Health and Environment Corp. will conduct an Oline Basic Occupational Safety and Health Training (BOSH). This activity is mandated by DOLE under R.A. 11058-IRR, D.O. 198.18. requiring all establishments to have respective Safety Officers.

This Office, through Disaster Risk Reduction Management, announces the invitation to schools/personnel to be part of this 5-day training on September 15-19, 2025 via Zoom.

For further details of the said Advisory, please see the attached document for reference.

Please be advised that participation to the said activity should be **voluntary**, and other related costs which may be incurred by the applicants shall be on **personal expense**. They are also reminded to **strictly observe Time-On-Task Policy**, and **strict compliance to No Disruption of Classes Policy of the Department as stipulated in DepEd Order No. 09, s. 2005**.

Please be guided accordingly.

hrdsgod08/14/2025 *AKI*
 DEPEDQUEZON-TM-SDS-04-011-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321



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

121 JMK BLDG., West Avenue, Bungad, Quezon City

July 29, 2025

Greetings!

We are pleased to announce that **ACTSAFE, Health and Environmental Corp.**, a DOLE-OSHC Accredited Safety Training Organization, will be conducting an **Online Basic Occupational Safety and Health (BOSH) Course** exclusively for government employees.

This program, approved by DOLE-OSHC, is designed to enhance workplace safety and health practices in public sector offices and comply with the requirements for **Safety Officer 2 (SO2)** under the Occupational Safety and Health.

Training Details:

- **Date:** *September 15-19, 2025*
- **Time:** 8:00 AM to 5:00 PM
- **Platform:** Webinar (Zoom Pro Class)
- **Exclusivity:** For Government Employees Only
- **Training Fee:** P4,000.00
- **Covers:** Training Certificate, Training Manual (electronic copy), receipt and **ID** (freebie).

Key Details:

1. **Purpose:**
 - Equip Safety Officers in government agencies with the knowledge and skills to promote workplace safety and health.
 - Ensure compliance with Republic Act No. 11058 (Act Strengthening Compliance with OSH Standards).
2. **Who Needs It:**
 - Public sector employees assigned as **Safety Officer 2** under their organization's Occupational Safety and Health Committee.
 - Employees in supervisory positions with safety responsibilities.
3. **Course Content:**
 - Introduction to Occupational Safety and Health (OSH) in the public sector.
 - OSH legal basis and standards applicable to government offices.
 - Hazard identification, risk assessment, and control (HIRAC).
 - Accident investigation and reporting specific to public institutions.
 - Emergency preparedness, disaster management, and response.
 - Roles and responsibilities of Safety Officers in the public sector.
 - Psychological and psychosocial risks in government workplaces.
4. **After Completion:**
 - Trainees will be issued a certificate that qualifies them to act as **Safety Officer 2** in their respective government agency.
 - ID
 - Official Receipts



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Payment Details:

For bank transactions, please deposit your payment through our bank accounts:

- **BDO Account Name:** ACTSAFE, HEALTH AND ENVIRONMENTAL CORP
Account No.: 003638013927
- **China Bank Account Name:** ACTSAFE, HEALTH AND ENVIRONMENTAL CORP
Account No.: 141700003771
- **GCASH:** 09568569393 (Jessica Ciudadano)
- **PayMaya:** 09317146820 (Jessica Ciudadano)
- **Palawan Pawnshop Padala, Cebuana Lhuillier, M Lhuillier, or Western Union**
Receiver: **Jessica Ciudadano**
Contact: **09568569393**
- Please scan your deposit slip and send it to our email for verification.

For **confirmation**, please email us at:

- jeckyapciudadano@gmail.com
- AHECjessicaciudadano@gmail.com

For **inquiries**, please contact:

- **Smart:** 09317146820
- **Globe:** 09568569393
- Look for **Jessica**.

Please note that payments are non-refundable after a period of 2 months, in case the individual is unable to join the service. We recommend contacting us as soon as possible if you are unable to attend.

Thank you and we look forward to your participation in this important event. Together, let us build safer workplaces for the public sector.

Sincerely,


JESSICA Y. CIUDADANO
ACTSAFE, Health and Environmental Corp.
DOLE-OSHC Accredited Safety Training Organization
Safety Training Coordinator



ACTSAFE, HEALTH & ENVIRONMENTAL CORP.

DOLE-OSHC Accreditation No.: 1030-090323-0121

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 (for personal) please complete with Brgy. for mailing:	<input checked="" type="checkbox"/> Age:
<input checked="" type="checkbox"/> Company (If Applicable):	<input checked="" type="checkbox"/> Designation:
<input checked="" type="checkbox"/> Company Address, please complete with Brgy. for mailing:	<input checked="" type="checkbox"/> Company's Contact Number:
<input checked="" type="checkbox"/> Company's Email:	<input checked="" type="checkbox"/> Total Number of Workers:
Industry: _____	<input checked="" type="checkbox"/> Company TIN #:
<input checked="" type="checkbox"/> Note: Pls. Indicate your Facebook account for our Group Chat in messenger (kindly screenshot)	<input checked="" type="checkbox"/> 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 <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)	

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.: 1030-090323-0121

Please send 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:

Contact Us At: jeckypacidadano@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:

- 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.

09568569393/09317146820



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<https://actsafecorp.com>



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ACTSAFE, HEALTH & ENVIRONMENTAL CORP.

DOLE-OSHC Accreditation No.: **1030-090323-0121**

8. By Signing below, I agree to all the terms and conditions stated herein and to all the policies of Acts safe, 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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