



Republic of the Philippines

Department of Transportation

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Effective Date: 14 April 2021

LEARNING AND DEVELOPMENT NOMINATION FORM

INSTRUCTIONS:

Kindly fill-out this nomination form and attach the signed and scanned copy in the pre-training form link sent to you via email. Thank you.

Title of Training/Course: GABAY MANANAKAY

I. Participants Information

Name of Personnel: ① VALENTINA E. DANIEL
② BENIGNO R. ENCINARES
③ RUBEN V. ORANDEID Number: ① 0822
② 0919
③ 3913Position Title: ① ADMINISTRATIVE AIDE II
② Admin ASST. II
③ Admin AIDE IIOffice/Unit Head: HRDD

Gender (Optional):

Immediate Supervisor: ERWIN C. CARBUNCO


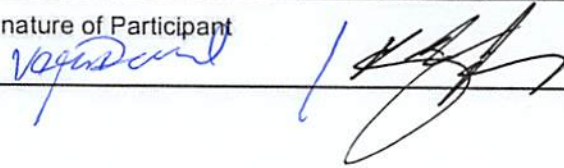
II. Reason/Justification of Nominee's Attendance: (Relevance of the course to the participant's functions)

III. Core Functions of the Office (To be filled out by the Supervisor)

IV. Gender Equality, Disability and Social Inclusion (GEDSI)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have mobility problems? Like difficulty in walking and/or climbing stairs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you having an emotional/behavioural problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have difficulty in reading and identifying speech sounds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have difficulty communicating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have difficulty remembering or concentrating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have difficulty in doing simple arithmetic calculations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have difficulty in reading even with corrective lenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have any difficulty in hearing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

V. Social Inclusion

<div data-bbox="135 89 997 168" data-label="List-Group"><ol style="list-style-type: none">1. Are you a solo parent?2. Are you part of the Indigenous People group? (Please specify.)</div>	<div data-bbox="1228 100 1508 145" data-label="Text"><p>___ Yes ___ No</p></div> <div data-bbox="1228 145 1508 179" data-label="Text"><p>_____</p></div>
<div data-bbox="95 212 1460 280" data-label="Text"><p><i>This is to certify that I have briefed the nominee of the expected output and we have agreed on how and when he/she will apply the new learning in the workplace.</i></p></div>	
<div data-bbox="95 302 502 336" data-label="Text"><p>Signature of Immediate Supervisor</p></div> <div data-bbox="207 324 798 448" data-label="Text"></div>	<div data-bbox="829 302 1109 347" data-label="Text"><p>Signature of Participant</p></div> <div data-bbox="869 302 1436 470" data-label="Text"></div>