



Office of the President of the Philippines  
**COMMISSION ON HIGHER EDUCATION**  
 HEDC Bldg. C. P. Garcia Ave., UP Campus, Diliman, Quezon City 1101

2 X 2  
 ID Picture  
 (printed name at the back)

**Special Training Program for Business Analytics**

**TRAINING APPLICATION FORM**

*(To be submitted with attachments)*

Name: \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE NAME)

Birthday: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home/Provincial Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Sending Higher Education Institution (SHEI): \_\_\_\_\_

Address: \_\_\_\_\_ Tel./Fax No.: \_\_\_\_\_

Name of Delivering Higher Education Institution (DHEI – Institution where the applicant will obtain the Training): \_\_\_\_\_

- Training Program Applied for:     Business Administration                       Information Technology  
 Course:                                       Business Analytics                                       Business Analytics  
     Data Warehousing                                       Enterprise Data Management  
     Descriptive Analytics                                       Analytics Modeling  
     Predictive Analytics                                       Analytics Techniques and Tools  
     Prescriptive Analytics                                       Analytics Application

Educational Attainment: *(Use additional sheet if necessary)*

|                    | School | Degree Obtained/Units Earned | Date Graduated |
|--------------------|--------|------------------------------|----------------|
| Baccalaureate      |        |                              |                |
| Post-baccalaureate |        |                              |                |
|                    |        |                              |                |

Training Availment: *(Use additional sheet if necessary)*

| Training | Sponsor | Institution and Program | Duration | Status<br><i>(e.g. Completed, Ongoing)</i> | Benefits |
|----------|---------|-------------------------|----------|--|----------|
|          |         |                         |          |  |          |
|          |         |                         |          |  |          |
|          |         |                         |          |  |          |

Current Employment Details:

| Designation | Status of Employment<br>Full/Part time | Tenure – <i>Certified by the HRD Office</i><br>(Permanent/Non-Permanent) | College/<br>Department | Subjects/Total No. of<br>Units Taught | Period Covered |    |
|-------------|--|--|------------------------|---------------------------------------|----------------|----|
|             |  |  |                        |                                       | From           | To |
|             |  |  |                        |                                       |                |    |
|             |  |  |                        |                                       |                |    |
|             |  |  |                        |                                       |                |    |

Certifications Acquired:

| Title | Provider | Year |
|-------|----------|------|
|       |          |      |
|       |          |      |
|       |          |      |

\_\_\_\_\_  
 Signature Over Printed Name of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature Over Printed Name of School Head

\_\_\_\_\_  
 Date

# CERTIFICATION

This is to certify that \_\_\_\_\_  
*(Name of Applicant)*

is a Full-time/Part-time Faculty of \_\_\_\_\_ is  
*(Name of Home/Sending Institution)*

recommended to participate at the Special Training Program on Business Analytics  
under the Faculty Development Program II by the Commission on Higher Education

for the course of \_\_\_\_\_ at  
*(Course applying for)*

\_\_\_\_\_ starting \_\_\_\_\_  
*(Delivering Institution)*

until \_\_\_\_\_.

\_\_\_\_\_  
Signature Over Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Over Printed Name of School Head

\_\_\_\_\_  
Date

Note: This must be submitted using the letterhead of the home/sending institution.

## TRAINING CONTRACT

The     *Sending Higher Education Institution*    , a higher education institution with principal office at \_\_\_\_\_ represented herein by its head, \_\_\_\_\_ and hereinafter referred to as "SHEI";

- and -

    *Faculty Participant*     of legal age, Filipino and residing at \_\_\_\_\_ hereinafter called the "GRANTEE".

And in consideration of the actual financial support for the duration of the training program benefits which will be released to GRANTEE through \_\_\_\_\_, the SHEI shall allow the GRANTEE to participate in the Special Training Program for Business Analytics at the     *Delivering Higher Education Institution*     for a duration of \_\_\_\_\_ commencing on \_\_\_\_\_ do hereby knowingly agree to the following terms and conditions to wit:

**THAT**, the SHEI shall –

1. recommend the faculty applicant based on the established criteria approved by CHED;
2. provide travel allowance and accommodation of the GRANTEE during the course of the training;
3. coordinate with the CHED in monitoring the progress of the GRANTEE under the program;
4. have the right to recommend the termination of the training program of the GRANTEE due to:
  - a. justifiable grounds which prove the inability of the GRANTEE to complete his/her training course;
  - b. commission of any act of immorality, drunkenness, dishonesty, discourtesy, and any form of misconduct; and
  - c. conviction of any crime by a court or a competent administrative body;
5. ensure that the GRANTEE render at least one term of return service to the institution for every completion of a five (5) day training course;
6. reimburse CHED the training cost of the GRANTEE in case it recalls the latter without valid reasons and prior notice to the CHED;
7. provide CHED a certification that the GRANTEE had already rendered a return service from his/her training as required in the program; and

**THAT**, the GRANTEE shall –

1. enter into a Training Contract with his/her SHEI;
2. participate in the Special Training Program for Business Analytics;
3. reimburse CHED the total assistance released to him/her, in case of willful abandonment of the training program, gross misconduct and non-compliance with the terms and conditions stipulated in the Training Contract;
4. seek CHED permission, at least 2 weeks, before leaving the country while the training contract is still in force;
5. render the required return service of at least one term for every completion of a five (5) day training course;
6. upon successful completion of the training program, submit Certificate of Completion of Return Service to the CHED.

**WHEREFOR**, both parties, will signify that the above terms and conditions have been discussed to them and that they fully understand and agree to all the terms thereof.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_, in the City/Municipality of \_\_\_\_\_, Philippines.

**SHEI**

**GRANTEE**

\_\_\_\_\_  
*President/Head*

\_\_\_\_\_  
*Faculty*

**SIGNED IN THE PRESENCE OF:**

\_\_\_\_\_

\_\_\_\_\_

---

**ACKNOWLEDGMENT**

REPUBLIC OF THE PHILIPPINES )  
CITY OF \_\_\_\_\_ ) s.s

**BEFORE ME**, a Notary Public for and in \_\_\_\_\_ on \_\_\_\_\_, personally appeared the following to wit:

| Name                | Valid ID/Passport No. | Date & Place Issued |
|---------------------|-----------------------|---------------------|
| (Head, Sending HEI) |                       |                     |
| (Faculty Applicant) |                       |                     |

**KNOWN TO ME** to be the same persons who executed the foregoing Training Contract consisting of \_\_\_\_\_ pages including this page and acknowledgement to me that the same is their own free act and deed.

**WITNESS MY HAND AND SEAL** on this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.

**Notary Public**

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of \_\_\_\_\_