



Republic of the Philippines  
Department of Education – Region III  
**TARLAC CITY SCHOOLS DIVISION**

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**DIVISION MEMORANDUM**

No. 011, s. 2019

Date : August 29, 2019

To : Heads and Focal Persons of Participating JDVP-TVL Partner Institutions, Participating DepED SHSs and others concerned

From : The Office of the Schools Division Superintendent

Subject : **ORIENTATION ON THE GUIDELINES ON THE IMPLEMENTATION OF JOINT DELIVERY VOUCHER PROGRAM FOR TECHNICAL-VOCATIONAL-LIVELIHOOD (JDVP-TVL) SPECIALIZATIONS FOR SY 2019-2020**

1. Pursuant to DepED Order No. 019, s. 2019, Guidelines on the Implementation of JDVP for TVL Specializations for SY 2019-2020, the Schools Division Office (SDO) shall conduct an orientation on the said guidelines to the participating JDVP-TVL Partners and participating DepED SHSs to be held on September 12, 2019, 8:00 AM at TCSD Conference Hall, Sto Cristo, Tarlac City.
2. The activity aims to:
  - a. Orient participating JDVP-TVL Partners and participating DepED SHSs on the JDVP Implementing Guidelines
  - b. Clarify issues and concerns on the implementation of JDVP
3. Participants to this orientation are Heads and Focal Persons of Participating JDVP-TVL Partner Institutions and Participating DepED SHSs.
4. Prior to the orientation, interested private SHSs, non-Deped public SHSs and TESDA accredited private TVIs shall write a letter of intent to participate in the program with attached Application Form Template found in Annex 1 which shall be submitted along with the required documents.
5. Enclosed is the schedule of JDVP Activities for your reference.
6. For information and compliance.



  
**TERESA D. MABABA, CESO V**  
Schools Division Superintendent

Enclosure to Division Memorandum No. 211, s. 2019

**Schedule of JDVP-TVL Activities**

<b>DATE/VENUE</b>	<b>ACTIVITIES</b>
August 25-28, 2019	Conference of JDVP Coordinators for Luzon
August 30-September 4, 2019	Call for Interested JDVP Partners
September 5, 2019, 8 AM-12NN TCSD Conference Hall	Submission & Evaluation of Application Documents of Interested Partners
September 12, 2019 TCSD Conference Hall	Division JDVP Orientation with Recipient Schools and Partners
September 13, 2019 Respective SHSs	School Orientation with the Learner-Beneficiaries and their parents, teachers, representative of PTA and JDVP-TVL Partners
September 23 onward Partner Institutions	JDVP Training Proper and Assessment



**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVL)**

**APPLICATION FORM FOR JDVP-TVL PARTNER  
SY 2019-2020**

<b>Region:</b>	
<b>Division:</b>	
<b>School Name:</b>	
<b>School ID (if applicable):</b>	
<b>School Address:</b>	<i>(Number/Block/Street)</i>
	<i>(Subdivision/Village/Brgy.)</i>
<b>City or Municipality:</b>	
<b>Province:</b>	
<b>Contact Number/s:</b>	
<b>Email:</b>	
<b>TESDA Accreditation Number</b>	
<b>No. of Kilometers to the nearest and accessible Public DepEd SHS:</b>	
<b>TVL Specializations/Training Offered</b>	

***Attach the following documents:***

1. For private SHS/non-DepEd public SHS, certified true copy of the Provisional Permit to offer SHS-TVL issued by DepEd;
2. For private TVI, certified true copy of TESDA accreditation;
3. For both, Board Resolution indicating the intention to participate and to comply with SHS-TVL Curriculum Learning Standards, including absorptive capacity of 25 learners per class, Pedagogical Requirements, and Policies on Assessment and Rating System based on DepEd Order No. 8, s. 2015; and
4. For both, attestation that there is a maximum four-kilometer distance between the listed qualified DepEd public SHS and the applicant partner.

**ATTESTATION**

I certify that my answers are true and complete to the best of my knowledge.

I am aware that the information supplied in this document shall be retained by DepEd on a database and shall be processed in compliance with the Data Protection Act of 2012.

I consent that the information herein may be used for reports both internally and to the Department of Education.

\_\_\_\_\_  
**School Head/  
Authorized Representative**

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**Date Signed**