



Republic of the Philippines
Department of Education
REGION VIII
SCHOOLS DIVISION OF NORTHERN SAMAR

September 29, 2025

DIVISION MEMORANDUM

No. 349, s. 2025

PSYCHOLOGICAL FIRST AID TRAINING

To: Office of the Assistant Schools Division Superintendent
Office of the CID and SGOD
Public Schools District Supervisor/Districts- In Charge
Schools Heads
All others concerned

1. In an ongoing partnership with the Provincial Youth and Development Office for youth development, this Office announces the **Psychological First Aid Training** set on **October 5-6, 2025, at Mijares Hotel, Barangay Dalakit, Catarman, Northern Samar.**
2. The purpose of this training is to equip our youth with the basic knowledge and skills in Psychological First Aid, enabling them to better understand and manage mental health challenges, particularly in times of crisis and distress.
3. The list of participants for this activity is attached to the issuance of this memorandum.
4. In line with the existing policies of Learner Rights and Protection, the learner-participants shall accomplish the consent form attached to this memorandum. The adviser shall ensure compliance with the consent form.
5. Meals, snacks, and accommodation shall be provided by the program owner. However, transportation expenses shall be incurred against the school MOOE/local funds.
6. This issuance shall serve as **travel authority** for those concerned.
7. Immediate dissemination of and compliance with this memorandum are desired.

GAUDENCIO C. ALJIBE JR., PhD, ~~ASO VI~~
Schools Division Superintendent

DepEd Northern Samar

RELEASED



Address: Mabini St., Brgy. Acacia, Catarman, 6400, Northern Samar
Telephone Nos: (055) 500 1020
Email Address: northernsamar@deped.gov.ph
Division Official Website: <https://northernsamar.deped.gov.ph>

By: 121 SEP 29 2025
Date: 121



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Enclosure No. 1 to DM _____, s. 2025

TOTAL NUMBER OF PARTICIPANTS

First District	
ALLEN NATIONAL HIGH SCHOOL	
1. Susan T. Tiu	Teacher Participant
2. Dessa G. Flores	Student Participant
3. Fria Margarette T. Tiu	Student Participant
4. Sophia Nicole T. Florano	Student Participant
5. Mariana Marie P. Bermudez	Student Participant
CATARMAN NATIONAL HIGH SCHOOL	
1. Milky Lovella S. Marino	Teacher Participant
2. Kiven T. Salazar	Student Participant
3. Rex P. Villar	Student Participant
4. Andrew S. Dosmanos	Student Participant
5. Ma. Vertz Drancel C. Cruz	Student Participant
Second District	
LAS NAVAS NATIONAL HIGH SCHOOL	
1. Olive T. Pajanustan	Teacher Participant
2. Via Ashley T. Hallarces	Student Participant
3. Kianah Grace Pajantoy	Student Participant
4. Caleb Olegario	Student Participant
5. John Paul Aurel	Student Participant
PAMBUJAN NATIONAL HIGH SCHOOL	
1. John Christer Jazmin	Teacher Participant
2. Sarah Claire M. Longcop	Student Participant
3. Lianna Imee Cassandra Merino	Student Participant
4. Dave Linard Orsolino	Student Participant
5. Athena Joy Flores	Student Participant
SUMOROY AGRO INDUSTRIAL SCHOOL	
1. Cristina Chy	Teacher Participant
2. Glacy Olchondra	Student Participant
3. Sandra Esposo	Student Participant
4. Alexa Gorembalem	Student Participant
5. Iron Dave Gaspar	Student Participant



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LEARNER CONSENT, WAIVER, INDEMNITY and RELEASE

(To be completed by the Learner)

I, _____, agreed to participate with the consent of my parents and/or legal guardian in **Psychological First Aid Training at Mijares Hotel, Dalakit, Catarman, Northern Samar on October 5-6, 2025.**

I agree to permit the **Department of Education (DepEd)** and its representatives to make recordings of my voice and to take photographs and/or videos in which I appear at the event and location stated above, to be used for the communications and various public campaigns of the Department, be it in print, broadcast, and/or electronic media.

I have read and understood the accompanying letter and division memorandum relevant to the conduct of the activities. For things I do not understand. I will ask my Parent/Guardian to clarify the objective of the activity for me.

I understand the purpose of the project/activity and the role I will be playing in it. I know that DepEd and its representatives are not allowed to use the information about me in any form that might harm my rights and well-being.

SIGNATURE OVER PRINTED NAME
(Learner)

SIGNATURE OVER PRINTED NAME
(Parent/Guardian)