

Cast of Characters:

FILIPINO

Pamagat ng Maigsing Pelikula
(Pangalan ng Kalahok na Paaralan)
(School's Division and Region)

Sa Panulat Ni:
Videographer/Cinematographer:
Video Editor:
Teacher Adviser:
Cast of Characters:

5. Selection Process

5.1. Each team must initially submit a 1-2 page Concept Note (please refer to Annex 2) to their Schools Division Office Adolescent Reproductive Health Focal Person.

5.2. Selection process from the Schools Division Office and Regional Offices shall be conducted to qualify for the National Online Bootcamp and Contest.

5.3. Lead of the Selection Committees shall be the Designated Adolescent Reproductive Health Focal Person. Members of the panel are the Youth Formation Coordinator, Information Officer, and Learning Resource Representative.

5.4. One to two (1-2) teams per region shall participate in the national contest and attend the online bootcamp.

DATE	ACTIVITY
August 10	Online contest launch / Call for submissions of Concept Note
August 1 - 22	Submission of Concept Note (Please refer to Annex 2)
August 23 - September 6	Region/Schools Division Office Concept Note Selection (Please refer to Annex 3)
September 7	Submission of National Contest Participants (Please refer to Annex 4, 5, 6)
September 8-9	Online Bootcamp for Contest Participants

6. Criteria for judging

6.1. Concept Note Criteria for Short Digital Film Category

CRITERIA	PERCENTAGE
Concept originality and creativity	50%
Adherence to the theme	30%
Planning of Activities	15%
Adherence to Concept Note Format	5%

6.2. Short Digital Film Making Criteria

CRITERIA	FACTORS	PERCENTAGE
Content storytelling and adherence to the theme		25%
Originality and Creativity		25%
Production value	Adherence to required format, audio, video, and lighting quality, musical scoring, editing	30%
Overall Impact of the Film	How strongly did the film stimulate thoughts or ideas? Did the film incite emotional response?	20%

7. Contest Prize

First Prize	30,000.00 + Plaque of Recognition for School
Second Prize	20,000.00 + Plaque of Recognition for School
Third Prize	10,000.00 + Plaque of Recognition for School
2 Consolation Prizes	5,000.00 each team

Annex 2:

Concept Note
Adolescent Health Series: Create Your Story
Children's Storybook and Short Film Contest for Learners

Category: _____

Proposed Title	
Team Members (Age)	
Teacher Adviser	
Google Drive Link for previous work/art, if any	
School Name and ID	
Division	
Region	
Concept:	I. Background of the project II. Objectives of the story III. Overview of the Story / Plot IV. Timeline of Activities
Submitted by	
Contact Number and Email Address	
Date	

Notes:

Submit the 1-2 page concept note, with the Certification and Consent Form, to your Region and Division ARH Coordinator and drop through bit.ly/AHSContest2022 with the file name Region_Category_Title (ex. R1_Storybook_Bibo na si Baby).

By submitting this form, the team members allow the Department of Education to process necessary data for the contest purpose, in compliance with the Data Privacy Act.

Annex 3:

Department of Education
Bureau of Learner Support Services
School Health Division

Selection Form
Adolescent Health Series: Create Your Story
Children’s Storybook and Short Film Contest for Learners

Region: _____

No.	Proposed Title	School	Division	Score	Rank

Endorsed by:

Approved:

Region/Division ARH Coordinator/
Lead of Selection Panel

Regional Director/
Schools Division Superintendent

Selection Panel:

Names and Signatures

Annex 4:

Department of Education
Bureau of Learner Support Services
School Health Division

National AHS Contest Participation Form
Adolescent Health Series: Create Your Story
Children’s Storybook and Short Film Contest for Learners

Region: _____
Category: _____
Official Entry Title: _____
Google Drive Link (for Storybook Category): _____
Youtube Link (for Film Category): _____

I. Participant Information

Participant Name	Sex (F/M)	Age	Grade Level	Team Designation (writer, artist, teacher adviser)	Contact Number and email address

II. School Information

School	
School ID	
School Address	
Name of Principal	
School ARH Coordinator	
Schools Division Office	
Division ARH Coordinator	

Endorsed by:

Region ARH Coordinator/
Lead of Selection Panel

Approved:

Regional Director

Selection Panel:

Names and Signatures _____

Annex 5:

Department of Education
Bureau of Learner Support Services

CERTIFICATION
(To be accomplished by participating team)

We, the undersigned, hereby certify that our entry is of our own, and is new and original to the best of our knowledge. We further certify that we give our permission to DepEd Bureau of Learner Support Services - School Health Division to use our outputs as promotional and educational materials for schools nationwide.

Further, participation in the contest is fully voluntary and child rights are observed in the creation of the contest materials.

Participants Names and Signatures:

- 1.
- 2.
- 3.
- 4.
- 5.

Annex 6:

Department of Education
Bureau of Learner Support Services

CONSENT, WAIVER, INDEMNITY and RELEASE

**(To be completed by Learner Participants,
including Actors and Parent/Guardian)**

PART A: TO BE COMPLETED BY THE CHILD

I agree to participate in the following activity:

Production name/ Project title:

Location/Online Platform:

Date and Time:

I agree to give permission to 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 in, to be used for the communications and various public campaigns of the Department be it in print, broadcast, and/or electronic media, at the event and location stated above:

I have read and understood the accompanying letter and information leaflet. For things I don't understand, I will ask my Parent/Guardian to clarify the objective of the activity for me.

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

Name_____

Signature_____ Age_____

PART B: TO BE COMPLETED BY THE PARENT/GUARDIAN

As the parent/guardian of _____, I hereby allow him/her to participate in the following activity:

Production name/ Project title:

Location/Online Platform:

Date and Time:

I acknowledge that the DepEd will own all rights to his/her images and recordings made during the said activity. DepEd and its representatives will have the right to use, display, exhibit, reproduce, distribute, and create derivative works of these images and recordings in any media now known or later developed.

As the parent/guardian I understand my roles and responsibility to explain what this consent form is about to the child and ensure that his/her privacy and identity rights are protected and acknowledged accordingly.

As the parent/guardian, I hereby waive any right to inspect or approve the use of the images or recordings or of any written derivatives. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the materials. As the parent/guardian, I hereby release, defend, indemnify, and hold harmless the DepEd and its representatives from and against any claims, damages, or liability arising from or related to the use of the images, recordings, or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I, _____ (NAME _____ OF _____ PARENT/GUARDIAN) _____, have legal authority to enter into this contract. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release.

This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Address: _____

Home phone: _____ Mobile phone: _____