## **TERMS OF REFERENCE**

## Conduct of a Series of Workshops/Seminars/Trainings Related to Persons with Disabilities C.Y. 2024 Approved Budget for Contract (ABC): Php 100,000.00

| I. Backgrou | ınd |
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The PWD Workshops/Seminars/Trainings is designed as a series of two (2) virtual trainings/webinars and one (1) face-to-face learning session for the purpose of teaching DFA personnel and their household members on how to effectively communicate and interact with persons with disabilities, provide appropriate support and promote an inclusive environment through a rights-based approach. All DFA offices will be invited to participate in these workshops.

## II. Objective

The main objective of Wellness Workshops is to educate and assist participants how to communicate, interact with people with disabilities and provide appropriate support taking into consideration the various types of disability. Further, it aims to build the capacity of personnel with disabilities and their household members.

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| III. | Technical Specifications   | STATEMENT OF COMPLIANCE                       |  |  |  |  |  |  |  |  |  |  |
|      | Particulars  |   |  |  |  |  |  |  |  |  |  |  |
|      | Disability Sensitivity and Awareness In the     Workplace  |   |  |  |  |  |  |  |  |  |  |  |
|      | <ol> <li>Basic Sign Language Filipino Sign Language<br/>(FSL) Workshop</li> </ol>  | Basic Sign Language Filipino Sign Language 50 |  |  |  |  |  |  |  |  |  |  |
|      | <ol><li>Mental Health Awareness 101 for PWDs</li></ol>   | 15  |  |  |  |  |  |  |  |  |  |  |
|      | SERVICE PROVIDER RESPONSIBILITIES:   |   |  |  |  |  |  |  |  |  |  |  |
|      | <ul> <li>The provider shall develop and conduct the followellness programs specifically designed for DF, personnel.</li> </ul>   |   |  |  |  |  |  |  |  |  |  |  |
|      | <ul> <li>The provider shall design all the modules/train<br/>needed to accomplish the objectives of the worl<br/>The resource speaker/s should be duly licensed<br/>Psychologist or Psychological Consultant.</li> </ul> |   |  |  |  |  |  |  |  |  |  |  |
|      | <ul> <li>The provider shall prepare a Summary Report of<br/>program containing the necessary post-program<br/>evaluations, recommendations, and policy<br/>recommendations required by DFA.</li> </ul>                   |   |  |  |  |  |  |  |  |  |  |  |
| IV.  | SERVICE PROVIDER QUALIFICATIONS  |   |  |  |  |  |  |  |  |  |  |  |
|      | <ul> <li>The provider must have at least five years of relaction competencies to run a wellness program for DF personnel.</li> <li>The provider must have the capability, resource</li> </ul>                            |   |  |  |  |  |  |  |  |  |  |  |

experience in partnering with private/government

as a basis).

corporations (The provider must submit a company profile

|    | <ul> <li>The service provider must be registered with PhilGEPS in<br/>compliance with the government's procurement<br/>regulations.</li> </ul>  |  |
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| V. | <ul> <li>Payment</li> <li>Payment shall be made through a <u>send bill arrangement</u> through the bank account of the chosen supplier.</li> <li>All payments shall be inclusive of all taxes and other government/lawful charges.</li> </ul> |  |

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**COMPANY ADDRESS:** 

**CONTACT PERSON:** 

**CONTACT DETAILS:**