

(Enclosure No. 4A to DepEd Memorandum No. 174, s. 2011)



BRIGHT SMILES, BRIGHT FUTURES PROGRAM (BSBF) SY 2008-2009
SCHOOL MONITORING FORM

ACCEPTANCE CERTIFICATE (Completed between School Dentists and School Principal / Representative)

ANNEX D

Directions: This form is to be accomplished by School Principal / Representative once BSBF Boxes are received by the schools. Once ACCEPTANCE CERTIFICATE IS COMPLETED, this document should be mailed back to Colgate using the accompanying postage-paid envelope within the schedule indicated in the table on the right-most portion of this form. Text us once mailed.

Region _____ Division _____

SCHOOL DATA / INFORMATION						# of Boxes Given to Schools	Amount	TOOTHBRUSH		TOOTHPASTE		FLIPBOOK&TEACHER'S GUIDE		DETAILS ON THE RECEIPT AND DISTRIBUTION OF ORAL HEALTH KITS				
School Name	School Address	School Principal	Landline / Mobile / Email	Grade 1 Population	QTY Indicated in the Box			ACTUAL QTY Given	Number missing If any?	QTY Indicated in the Box	ACTUAL QTY Given	Number missing If any?	QTY Indicated in the Box	ACTUAL QTY Given	Number missing If any?	Name of School Head or Authorized Representative who received packages	Landline / Mobile / Email	Date Received
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

For inquiries / concerns please call BSBF Monitoring TEAM at 02 7248306 / 0915 4907607 FOR GLOBE / 0929 6724387 FOR SMART or email at bsbf.phils@gmail.com

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BRIGHT SMILES, BRIGHT FUTURES PROGRAM

An Oral Health Education Program (2011-2012)

DIVISION of _____

REGION _____

INSTRUCTIONS FOR Dentist-In-Charge:

1. Once BSBF Boxes arrive, these must be distributed to schools immediately.
2. DIC must lead and monitor distribution. Every BSBF Box must be accounted for.
3. Once schools received the BSBF Boxes (either picked up or delivered), School Representative must sign on this DIVISION MONITORING FORM.
4. Once DIVISION MONITORING FORM IS COMPLETED, this document should be mailed back to Colgate using the accompanying postage-paid envelope within the schedule indicated in the table on the right-most portion of this form. Text us once mailed.
5. Divisions that submit this form on time will be provided with giftpack incentives and certificates. Late submissions will only be provided giftpack incentives at half the value.

This Control Form accomplished by:

Name of Dentist In Charge (DIC)	_____
Landline / Mobile No.	_____
Date Received	_____
Remarks / Suggestions to improve BSBF Program Process:	_____ _____ _____
Email Address of DIC	_____
Date Accomplished	_____

DELIVERY RECEIPT INFORMATION

Total Number of Schools in the Division	_____
Number of Schools provided with BSBF Goods	_____
Total Number of Grade 1 Pupils in the Division	_____
Number of Grade 1 Pupils Provided with BSBF Goods	_____
DIVISION ADDRESS & LANDMARK FOR EASTER LOCATION	_____ _____ _____

Number of Schools	Allocated time period to submit monitoring sheets or control form 2	Allocated Weeks to accomplish and submit monitoring sheets
1-10	1 week	
11-30	2 weeks	
31-50	3 weeks	
51-80	4 weeks	
81-100	5 weeks	
101-130	6 weeks	
131-150	7 weeks	
151-180	8 weeks	
181-200	9 weeks	
201-230	10 weeks	
231-250	11 weeks	
250-more	12 weeks	

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REGION MONITORING FORM (Completed by RSD)



BRIGHT SMILES, BRIGHT FUTURES PROGRAM

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Region Name _____

Name & Signature of Regional Supervising Dentist _____

Region Address _____

Contact No of RSD (landline / mobile / email) _____

No.	Division Name	DIC Name	DIC Contact	No. of Grade One Pupils	No. of School	No. of BSBF Boxes	Date of Received BSBF Boxes	Date of Mailing of Division Monitoring Forms	Complete (YES/NO)	Good Condition (YES/NO)	Remarks
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Once completed, mail back to Colgate-Palmolive Philippines, Inc. using the accompanying postage-paid envelope. Text us once mailed. Regions who mail this completed form will receive giftpack incentive and certificate from Colgate Palmolive Philippines, Inc.

THANK YOU!

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