

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A				

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	PRIMARY CARE WORKER'S ONLINE ORIENTATION	07/06/2022	07/06/2022			DOH
	ORIENTATION ON THE UNIVERSAL HEALTH CARE LAW	07/06/2022	07/06/2022	2.0		DOH
	SEPSIS: " NOSOCOMIAL INFECTION PREVENTION" AND "SEPTIC SHOCK"	09/07/2022	09/07/2022	2.0		ICU FORUM
	"OVERVIEW OF THE ERAS PROGRAM", "PREOPERATIVE ASSESSMENT, SCREENING TOOLS, JOURNEY OF A HEALTHY PATIENT GOING FOR SURGERY", AND "ELDERLY PATIENT GOING FOR SURGERY"	09/14/2022	09/14/2022	2.0		PERIOPERATIVE CARE FORUM
	MULTIVERSE OF EMERGENCY DEPARTMENT PREPAREDNESS	09/08/2022	09/09/2022			SOUTHERN PHILIPPINE MEDICAL CENTER
	GOING BEYOND CLINICAL MANAGEMENT: COPING WITH STRESS IN PICU	09/21/2022	09/21/2022	2.0		PEDIATRIC ICU FORUM
	CRYSTAL YEAR REDEFINING CLARITY IN DIFFERENT SETTINGS	09/26/2022	09/29/2022			CAPITOL MEDICAL CENTER DEPARTMENT OF INTERNAL MEDICINE
	CRITICAL ORGAN FAILURE: "THE FAILED HEART" AND "THE FAILED LUNGS-ECMO"	10/05/2022	10/05/2022	2.0		ICU FORUM
	"MANAGEMENT OF PERIOPERATIVE PAIN AND POSTOPERATIVE NAUSEA AND VOMITING", AND "EARLY AMBULATION AND NUTRITION"	10/12/2022	10/12/2022	2.0		PERIOPERATIVE CARE FORUM
	PICU MRT SEASON 2 / 8TH STATION "MATTERS OF THE SKIN PEDIATRIC CRITICAL CARE"	10/19/2022	10/19/2022	2.0		PEDIATRIC ICU FORUM
	"FIRST ATTEMPT, BEST ATTEMPT: INCREASING FIRST PASS SUCCESS IN AIRWAY MANAGEMENT"	10/13/2022	10/13/2022			VRP MEDICAL CENTER
	"EMERGING TREATMENT FOR PATIENTS WITH HFREF: IMPROVING OUTCOMES FOR PATIENTS WITH WORSENING DISEASE"	10/13/2022	10/13/2022			HEART FAILURE SOCIETY OF THE PHILIPPINES, INC.
	2ND NATIONAL NURSING CONFERENCE	10/24/2022	10/24/2022			NATIONAL KIDNEY AND TRANSPLANT INSTITUTE
	"GERIATRIC HEALTH NURSING: REVISUALIZING FOR OPPURTUNITIES"	11/11/2022	11/11/2022	4.0		PHILIPPINE NURSES ASSOCIATION, INC.
	PICU MRT SEASON 2 / LAST STOP " ALL ABOUT FLUID THERAPY"	11/23/2022	11/23/2022	2.0		PEDIATRIC ICU FORUM
	AIRWAY INTERVENTIONS IN RESUSCITATION	11/29/2022	11/29/2022			THE MEDICAL CITY DEPARTMENT OF EMERGENCY MEDICINE
	"PERIOPERATIVE CARE IN ORTHOPEDIC SURGERIES"	12/2/2022	12/2/2022	3.5		PHILIPPINE NURSES ASSOCIATION, INC.
	131TH HEART FAILURE ANNUAL CONVENTION: "HEART FAILURE IN THE CROSSROADS OF CHOICES"	01/23/2023	01/27/2023			HEART FAILURE SOCIETY OF THE PHILIPPINES, INC.
	2023 FILIPINO NURSING DIASPORA DAY "FILIPINO NURSES TOGETHER: IN CARING FOR GLOBAL HEALTH"	05/05/2023	05/05/2023			FILIPINO NURSING DIASPORA NETWORK
	"PATIENT SAFETY IN UNIVERSAL HEALTHCARE"	06/15/2023	06/23/2023			CALAMBA MEDICAL CENTER
	HIV COUNSELING AND TESTING TRAINING	09/25/2023	09/27/2023			DOH

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	PROBLEM SOLVING SKILLS		VOLUNTEER ON COMMUNITY SERVICE		PHILIPPINE NURSES ASSOCIATION, INC.
	ORGANIZATIONAL SKILLS		ACTIVLY JOINING IN SPORTS ACTIVITIES		ATENEO PARENTS BALL CLUB
	PLAYING BASKETBALL, BIKING, BAKING, PLANTING, TRAVEL, LISTENING TO MUSIC				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
ATTY. JAMAAL JAMES R. CALIPAYAN	MANDAUE CITY	
HON. OSCAR "OCA" JAYME DEL CASTILLO JR.	MANDAUE CITY	
PERCY MENDOZA PONGASI, NURSE III	MANDAUE CITY	

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

PHOTO

Right Thumbmark

Signature (Sign inside the box)

Date Accomplished

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>	
Government Issued ID:	PRC
ID/License/Passport No.:	0731665
Date/Place of Issuance:	12/05/2011, CEBU

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath