

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes (☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CALUNGSOD		
FIRST NAME	PHOEBE LYNN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BOLFANGO		
3. DATE OF BIRTH (mm/dd/yyyy)	4/5/1976	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	5'4"	17. RESIDENTIAL ADDRESS	13 House/Block/Lot No. Street ASEAN HOUSE PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	85 Kg	ZIP CODE	6521
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	BLOCK 5 LOT 17 KENSINGTON STATE 21 House/Block/Lot No. Street LANCASTER NEW CITY NAVARRO Subdivision/Village Barangay GENERAL TRIAS CAVITE City/Municipality Province
10. GSIS ID NO.	020 034 94597		
11. PAG-IBIG ID NO.	1700-0024-5978		
12. PHILHEALTH NO.	12-050317581-4		4107
13. SSS NO.	06-17281791	19. TELEPHONE NO.	(053) 653 9909
14. TIN NO.	204679770-000	20. MOBILE NO.	09325339007
15. AGENCY EMPLOYEE NO.	V000134	21. E-MAIL ADDRESS (if any)	phoebelynn.calungsod@vsu.edu.ph

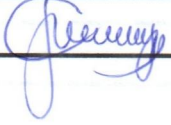
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	MIKONE JOSHUA CALUNGSOD	4/2/2001
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CALUNGSOD			
FIRST NAME	FELIPE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SARSONAS			
25. MOTHER'S MAIDEN NAME	PANCITO			
SURNAME	BOLFANGO			
FIRST NAME	LOURDES			
MIDDLE NAME	PANCITO		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	BAYBAY NORTH CENTRAL SCHOOL	Primary Education	1981	1987	Grade IV	N/A	N/A
	DULAG SPED CENTER		1987	1989	Graduate	1989	5th Hon mention
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	Secondary Education	June 1989	Mar. 1993	Graduate	1993	Valedictorian
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF CEBU	Bachelor of Science in Nursing	1993	1997	Graduate	1997	N/A
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	Master Arts in Nursing	2009	2010	Graduate	2010	N/A
	UNIVERSITY OF THE PHILIPPINES	PhD in Nursing -Nursing Service Admin	2013	ONGOING	N/A	N/A	N/A


(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/07/2022	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	10/07/2022	CS FORM 212 (Revised 2017), Page 2 of 4
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Президент

10/07/2022

[illegible]

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

[illegible]

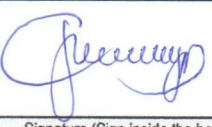
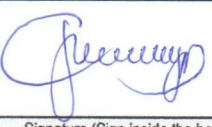
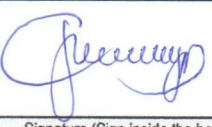



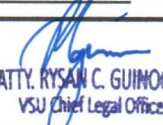
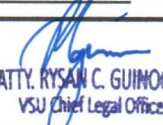
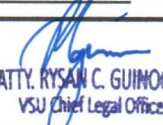
VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	N/A	N/A

SIGNATURE		DATE	10/7/2022	CS FORM 212 (Revised 2017), Page 3 of 4
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July

10/7/2022

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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>ENGR. ELVIRA E. ONGY</td><td>VISAYAS STATE UNIVERSITY</td><td>9566530192</td></tr><tr><td>JESUSA M. MAGNO</td><td>TAGAK CARIGARA, LEYTE</td><td>9351912182</td></tr><tr><td>JOEL REY U. ACOB</td><td>MAYBOG, LEYTE</td><td>9173045312</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	ENGR. ELVIRA E. ONGY	VISAYAS STATE UNIVERSITY	9566530192	JESUSA M. MAGNO	TAGAK CARIGARA, LEYTE	9351912182	JOEL REY U. ACOB	MAYBOG, LEYTE	9173045312
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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.													
<table><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>PRC LICENSE</td></tr><tr><td>ID/License/Passport No.:</td><td>0312932</td></tr><tr><td>Date/Place of Issuance:</td><td>MANILA</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	PRC LICENSE	ID/License/Passport No.:	0312932	Date/Place of Issuance:	MANILA	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>OCTOBER 7, 2022</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	OCTOBER 7, 2022	Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>13 OCT 2022</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUIMOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUIMOCOR VSU Chief Legal Officer	Person Administering Oath									
													
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WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied for.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment

Sample: If applying to Supervising Administrative Officer

- Duration: April 2008 – present
- Position: Nurse Clinical Instructor
- Name of Office/Unit: Finance and Administrative Service
- Immediate Supervisor: Jesusa M. Magno
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte

- Summary of Actual Duties

As an **EDUCATOR** responsible for:

1. Orienting student nurses or staff nurse orientees about the philosophies and objectives of the institution.
2. Orienting student nurses and or staff nurse orientees in the different set-up and other departments.
3. Teaching and demonstrating all the basic principles of care to patients with medical and surgical conditions.
4. Implementing rules, protocols, policies and procedures while assigned by the institution.
5. Evaluating output of the students, and or staff nurse orientees.
6. Responsible in the teaching of nursing procedures, theories and concepts related to the nursing profession with focus on knowledge, skills and attitude;
7. Responsible in mentoring the student nurse as specified in the nursing curriculum with definitions and application of nursing as a science, art and profession;
8. Guides students in their practice with the emphasis on 11 key areas of responsibility and core competency in nursing;
9. Trains students with the current trends of nursing care with focus in evidence based nursing;
10. Supervise the students in their related learning experience in the clinical setting (hospital/community) and supervises them with compassion and creativity that is beneficial to the students; and
11. Should be an example of an efficient, competent and compassionate professional nurse.

As a Coordinator:

RLE Coordinator

1. Responsible for making the duty schedule of the students in coordination with their respective Level Chairperson;
2. Makes the Master Rotation Plan of the students duty in the hospital and community RLE to know if all students are exposed equally in clinical area;
3. Monitors the clinical instructors supervision of the students in the Clinical area;
4. Makes the payment of the affiliation fee per hospital affiliated with the VSU-CN and coordinates with the VSU accounting office with regards to processing of the RLE fee; and
5. Represents the College of Nursing in affiliated hospital to negotiate schedule of duty (regular duty, on call duty or extension duty) for the VSU- College of Nursing with the Office of Chief Nurse.

Academic Coordinator

1. Responsible in monitoring the subject/teaching loads of the clinical instructors in the classroom;
2. Monitors the attendance of the CI's conducting the lectures; and
3. Act as the College Counselor of the students and follow-up the grades, academic standing and performance of the students in coordination of the Level Chairpersons.

Level Chairperson

1. Makes the planning of the class schedules per year level;
2. Assigns topic to clinical Instructors assigned under that level;
3. Acts as advisers to the students per year level and coordinates the students' performance and concerns to the proper offices for proper channeling of information;
4. Coordinates the RLE duty schedule to the RLE coordinator;
5. Make or improve the syllabus and modules per year level; and
6. Responsible in finishing the topic of the year level and its assignments.

- Duration: 2006-2007
- Position: General Nursing Unit Staff Nurse
- Name of Office/Unit: Nursing Service Department
- Immediate Supervisor:
- Name of Agency/Organization and Location: Medical Center Manila, 850 United Nations Avenue, Cor Taft Ave, Ermita, Manila, Metro Manila
- - Summary of Actual Duties

As a **STAFF NURSE** for medical-surgical, OB-GYNE, Pediatric Areas, I have handled the following cases and equipments in my clinical experience:

Giving total nursing care to every patients assigned:

- V/S taking and bedside care
- Giving medications
- Regulating IVFs
- Blood transfusions
- NGT and Gastrostomy feeding

Assist in minor surgical procedure performed in the unit such as:

- Cutdown
- CVP insertion
- Intubations
- Lumbar tap
- Peritoneal dialysis
- Chest tube insertions
- Pelvic examination
- Debridement and suturing
- Paracentesis
- Thoracentesis

Care of the patients preoperatively and postoperatively.

Care of patients who has the following medical and surgical problems:

- NEUROLOGICAL (CVA, seizures, etc.)
- RESPIRATORY (PTB, COPD, pneumonia, emphysema, etc)
- HEART/ CARDIO (MI, CHF, unstable angina, patients having an arrest
- RENAL (UTI, ARF, CRF, etc.)
- GIT (abdominal colic, gastritis, ulcers, etc.)
- GALLBLADDER (cholecystitis, cholelithiasis, etc.)
- VEHICULAR ACCIDENTS (multiple trauma, stab wounds, fractures, cast, amputations)
- CANCER PATIENTS (who had undergone radiation therapy and chemotherapy)

Equipment handles such as:

- Cardiac monitor / defibrillator
- Infusion pumps
- Nebulizer
- Suction machines
- Gomco suctions
- ECG machines
- Pulse oximeter
- Humidifier
- Ventilators

- Duration: Year 2003-2006
- Position: Dental Nurse
- Name of Office/Unit: Dental Department
- Immediate Supervisor: Dr. Abdullah Al'Mozher

Name of Agency/Organization and Location: **Dr. Abdullah Al' Mozher Dental Polyclinic, Kingdom of Saudi Arabia**

- Summary of Actual Duties

1. Assisting the dentist for procedures such as:
2. Root canal treatments
3. Restorative fillings
4. Ceramic crown / acrylics
5. Caring for patients with oral hygiene problems.

- Duration: Year 2001-2003
- Position: Emergency Room Nurse and Charge Nurse
- Name of Office/Unit: Nursing Service Department
- Immediate Supervisor: Dr. Potenciano Larrazabal III
- Name of Agency/Organization and Location: North General Hospital, Talamban, Cebu City

- Summary of Actual Duties

As a **CODE NURSE AND EMERGENCY ROOM NURSE** responding to emergency measures and minor emergency operations:

- CPR
- IVF, FBC, NGT insertions
- Giving stat / emergency drugs
- Ambulance calls
- Precipitate labor and delivery
- Eclamptic patients
- Member of the code team responding to code calls
- Assists in minor operations such as:
- Breast lump excision
- I and D
- Suturing and casting

As an **EMERGENCY ROOM CHARGE NURSE** responsible for:

1. All staff members (staff nurses, midwife, orderlies, cleaners)
2. Emergency room stocks (tools, instruments, equipments, machines, etc.)
3. Reports and paper works (evaluations, inventories, etc.)
4. Receiving ambulance calls and appointments

- Duration: Year 1999-2001

- Position: Staff Nurse (Pedia, Medical, OB-GYNE)/Emergency Room Nurse and ICU Nurse
- Name of Office/Unit: Nursing Service Department
- Immediate Supervisor: Dr. Potenciano Larrazabal Jr.
- Name of Agency/Organization and Location: Cebu Doctors Hospital, Osmeña Blvd, Cebu City
- Summary of Actual Duties

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PHOEBE LYNN B. CALUNGSOD

(Signature over Printed Name of Employee/Applicant)

Date: 10/7/2022