

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	GAPASIN		
FIRST NAME	CIEDELLE HONEY LOU	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	DIMALIG		
3. DATE OF BIRTH (mm/dd/yyyy)	5/10/1983	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BLK 4 LOT 7 FLUVIA ST House/Block/Lot No. Street CAMELLA HOMES TAMBULILID Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.57	ZIP CODE	6541
8. WEIGHT (kg)	55 kls	18. PERMANENT ADDRESS	BLOCK 4 LOT FLUVIA ST. House/Block/Lot No. Street CAMELLA HOMES TAMBULILID Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	6541
10. GSIS ID NO.	2004999224	19. TELEPHONE NO.	053-888-1889
11. PAG-IBIG ID NO.	121011542965	20. MOBILE NO.	0966-7926984
12. PHILHEALTH NO.	130501004465	21. E-MAIL ADDRESS (if any)	ciedelle51083@gmail.com
13. SSS NO.	06-2950310-8		
14. TIN NO.	263045423		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND			
22. SPOUSE'S SURNAME	GAPASIN	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	BRYAN	NAME EXTENSION (JR., SR) NA	NA
MIDDLE NAME	RANCHES		
OCCUPATION	INSTRUCTOR		
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY		
BUSINESS ADDRESS	BRGY. PANGASUGAN, VSU , BAYBAY CITY, LEYTE		
TELEPHONE NO.	9055513040		
24. FATHER'S SURNAME	DIMALIG		
FIRST NAME	FELIX	NAME EXTENSION (JR., SR) JR.	
MIDDLE NAME	BANTILAN		
25. MOTHER'S MAIDEN NAME			
SURNAME	SUMALJAG		
FIRST NAME	MARILOU		
MIDDLE NAME	ALONZO		
(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	SAINT PETER'S COLLEGE	BASIC EDUCATION	6/5/1989	3/24/1995	completed	1995 WITH HONORS
	SECONDARY	SAINT PETER'S COLLEGE	SECONDARY EDUCATION	6/5/1995	3/25/1999	completed	1999 WITH HIGH HONOR
	COLLEGE	SILLIMAN UNIVERSITY	BACHELOR OF SCIENCE IN NURSING ; BS EDUCATION	6/19/2002	3/26/2006	completed with education units	2006
	GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MA IN NURSING	11/17/2008	10/20/2009	completed	2009
	GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	DOCTOR OF EDUCATION	6/13/2011	10/27/2013	completed	2013
(Continue on separate sheet if necessary)							

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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CAREER SERVICE EXAM (PROFESSIONAL)	81.33%	12/8/2018	LEYTE NATIONAL HIGH SCHOOL TACLOBAN CITY	238	10/9/2018
	LICENSURE EXAM FOR TEACHERS	80.00%	10/3/2013	UNIVERSITY OF CEBU SANCANGKO CAMPUS	1201023	10/5/2022
	NURSES LICENSURE EXAM	76.20%	6/10-11/2007	UNIVERSITY OF CEBU BANILAD CAMPUS	0460500	10/5/2022

V. WORK EXPERIENCE
(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience sheet

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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		
	GAWAD KALINGA FOUNDATION INC./ Ormoc City	11/26/2012	PRESENT	N/A	PROVINCIAL MANAGEMENT TEAM - HEALTH
	MINISTRY OF LECTORS/ STS. PETER AND PAUL PARISH	10/27/2011	PRESENT	N/A	FORMER COORDINATOR/ MEMBER
	PHILIPPINE NURSES ASSOCIATION NORTHWESTERN LEYTE CHAPTER/ ORMOC CITY	10/22/2011	PRESENT	N/A	CHAPTER SECRETARY
	FLORENCE NIGHTINGALE GLOBAL HEALTH	3/15/2018	3/16/2018	18 HOURS	VOLUNTEER NURSE - MEDICAL- SURGICAL MISSION
	HEALTH EMPOWERMENT IN LEYTE AND SAMAR(HEALS) INC. AND COUNCIL FOR HEALTH AND DEVELOPMENT INC.	5/16/2015	5/18/2015	27 HOURS	VOLUNTEER NURSE MEDICAL SURGICAL MISSION

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

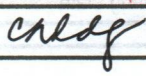
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	2020 School Research Congress :Panelist	3/10/20	3/10/20	8	Technical	Ormoc City Senior High School
	Workshop on the Implementation of School Dental Health Program	2/19/20	2/19/20	8	Managerial	DEPED Ormoc City Division
	Division Research Festival	12/13/19	12/13/19	8	Managerial	DEPED Ormoc City Division
	International Training Workshop on Qualitative Research	11/27/19	11/29/19	40	Technical	Asian Qualitative Research Association
	District Based Training Workshop on Conducting Action Research for Master Teachers	10/22/19	10/24/19	40	Managerial	DEPED Ormoc City Division
	Basic Mental Health and Psychological First Aid in the School and Work Place	4/8/2019	4/8/2019	8	Technical	SMARTERONE PHILIPPINES
	Research Forum: Strengthening Skills Through Research	3/27/2019	3/27/2019	9	TECHNICAL	Saint Peter's College
	Council Management Training and Emergency First Aid Training	9/27/2018	9/29/2018	24	MANAGERIAL	Philippine Red Cross- Ormoc Chapter
	2019 District-Based Action Research Seminar Workshop	9/3/2019	9/5/2019	40.0	Managerial	DEPED ORMOC CITY DIVISION
	Division Quantitative Research Workshop	8/19/2020	8/21/2019	40	Managerial	DEPED ORMOC CITY DIVISION
	First Division Student Research Congress	3/18/2019	3/18/2019	8	Supervisory	DEPED ORMOC CITY DIVISION
	Training on Oral interviews, Writing Transcript and Data Analysis in Qualitative Research	3/11/2019	2/13/2019	40.0	Technical	DEPED ORMOC CITY DIVISION
	Care of Patient with Arterial Catheter	8/11/2018	8/11/2018	8.0	Technical	Association of Nursing Service Administrators of the Philippines, Inc.
	House of Delegates Training Workshop on Parliamentary Procedures	4/30/2018	4/30/2018	8.0	Technical	Philippine Nurses Association, Inc.
	Mentoring Process: A Craft Every Leader Should Know	11/30/2018	11/30/2018	8.0	Technical	Philippine Nurses Association, Inc.
	Pain as 5th Vital Sign: Pain Assessment and Pain Management	11/30/2018	11/30/2018	8.0	Technical	Philippine Nurses Association, Inc.
	Eastern Visayas Nurses: A Voice to Lead,Health is a Human Right	11/9/2018	11/10/2018	16.0	Supervisory	Philippine Nurses Association, Inc.
	Medical Dental Mission	5/15/2018	5/16/2018	16.0	Technical	Florence Nightingale Global Health; St. Scholastica's Hospital; HEALS Inc.
	Continuing Professional Development:Framework for Quality Assurance Program for Filipino Nurses	1/13/2018	1/13/2018	8.0	Technical	Philippine Nurses Association, Inc.
	Nurses at the Forefront: Transforming Healthcare for the Filipinos and the World	1/13/2018	1/13/2018	8.0	Technical	Philippine Nurses Association, Inc.
	Health Care Services NCII	8/10/2016	10/18/2016	27.0	Technical	TESDA
	Massage Therapy NC II	10/22/2015	11/20/2015	27.0	Technical	TESDA

(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)
	First Aid		Lectorate Ministry Resource Speaker		Philippine Nurses Association
	Research Writing		Philippine Nurses Association Northwestern Leyte Chapter Secretary		Philippine Public School Teachers Association
	Community Organizing		Gawad Kalinga Provincial Management Health Coordinator		Lectorate Ministry of Saints Peter and Paul Parish of Ormoc
	Speakership		Research Facilitator/ Resource Speaker		Bukas Loob sa Diyos Ormoc DIP Covenanted Community
	Herbal Preparation		Community and School Health Care Resource Speaker		Asian Qualitative Research Association
	Therapeutic Massage		Basic Education Research Fund Grantee		Operating Room Nurses Association of the Philippines (for renewal)
			Gawad Kalinga Resource Speaker on Values Formation		Mother and Child Nurses Association of the Philippines (for renewal)
			Career Guidance Advocate		
			Medical - Surgical Mission Volunteer		

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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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ NO

☐ YES☒ NO

If YES, please specify:

If YES, please specify ID No:

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ASHDEL DE LOYOLA ARTES	RIZAL EXT. ORMOC CITY, LEYTE	0927-2861612
SR. EDITA ESLOPOR, OSB	PAMBUJAN, NORTHERN SAMAR	0939-9083013
EMMA LISSA RAMIREZ	ORMOC CITY, LEYTE	0917-6275251

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.

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 ID

ID/License/Passport No.: 0460500

Date/Place of Issuance: 5/8/2013 CEBU CITY

Signature (Sign inside the box)

Date Accomplished

March 24, 2020

SUBSCRIBED AND SWORN to before me this 19 MAY 2020, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN C. GUINOCOR

VSULEGAL OFFICER

Person Administering Oath

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