

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 () ☐ 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	ECLAVIA		
FIRST NAME	DIANA		NAME EXTENSION (JR., SR)
MIDDLE NAME	ROGERO		
3. DATE OF BIRTH (mm/dd/yyyy)	12/24/1988	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	Hilongos, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.549 M	ZIP CODE	6521
8. WEIGHT (kg)	61kg	18. PERMANENT ADDRESS	PUROK NANGKA House/Block/Lot No. Street LIBERTY Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	6524
10. GSIS ID NO.	2006266371	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1211-3478-7317	20. MOBILE NO.	0946-589-7685
12. PHILHEALTH NO.	13-050165654-3	21. E-MAIL ADDRESS (if any)	nutrixdoula88@gmail.com
13. SSS NO.	34-1375683-8		
14. TIN NO.	462-018-585		
15. AGENCY EMPLOYEE NO.	V02085		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ECLAVIA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JONATHAN	NAME EXTENSION (JR., SR)	JO DITHAN R. ECLAVIA	05/16/2022
MIDDLE NAME	BALDADO			
OCCUPATION	SEAMAN			
EMPLOYER/BUSINESS NAME	MARLOW NAVIGATION PHILIPPINES			
BUSINESS ADDRESS	Building 2120 Leon Guinto Street Malate Manila			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	N/A			
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME				
SURNAME	ROGERO			
FIRST NAME	FELICIDAD			
MIDDLE NAME	MAGDUA			

(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	LIBERTY ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	05/06/1995	30/03/2001	graduated	2001	None
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SECONDARY EDUCATION	04/06/2001	14/04/2005	graduated	2005	None
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION BAYBAY LEYTE INCORPORATED	DIPLOMA IN MIDWIFERY	13/06/2005	24/03/2007	graduated	2007	None
	ST. PAUL COLLEGE FOUNDATION INCORPORATED	BACHELOR OF SCIENCE IN NURSING	10/06/2010	29/03/2014	graduated	2014	None
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY- PHINMA CEBU	MASTER OF ARTS IN NURSING MAJOR IN NURSING SERVICE ADMINISTRATION	10/11/2018	20/03/2020	36 units		None

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 14, 2023
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IV. CIVIL SERVICE ELIGIBILITY					
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
	PHILIPPINE NURSING LICENSURE EXAM	77.8	MAY 25 & 26, 2014	CEBU	0859119 12/24/2026
	MIDWIFERY LICENSURE EXAM	79.8	APRIL 29 & 30, 2008	CEBU	0146020 12/24/2026

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>Amelia</i>	DATE	December 14, 2023
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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		
HandogPuso Foundation - OSF ACC , Bonzel Health and Nutrition Center, FCIC, Baybay City, Leyte	01/12/2014	present	24 hrs/year	Volunteer Nurse for minor surgery

(Continue on separate sheet if necessary)


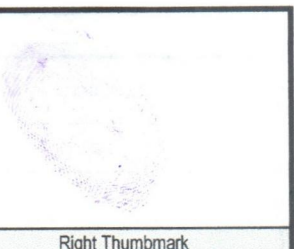


VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)					
30. TITLE OF LEARNING AND DEVELOPMENT 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			
Clinical Nursing Forum 7: Optimizing Patient Care: A webinar on Perioperative Nursing and Pain Management	10/20/2023	10/20/2023	8 hours	Supervisory	Nursing and Patient Care Services- Makati Medical Center in collaboration with Thinking of You Kindness
COVID 19 Vaccination Online Training- Module 4 Risk Communication and Community Engagement	06/20/2023	06/20/2023	1 hour	Supervisory	Department of Health Academy
EXCEED Expectations! Adolescent Health Summit Unbound: Caring for Teens's Reproductive Health: Risks, Relationship & Responsibilities	05/09/2023	05/09/2023	1hr & 30mins	Supervisory	Mu Sigma Phi Sorority
2023 Filipino Nursing Diaspora Day	05/06/2023	05/06/2023	4 hours	Supervisory	Philippine Nurses Association
COVID DOCUMENTS Repository System Users Training	05/03/2023	05/03/2023	1 hours	Supervisory	Department of Health
Digital Transformation & the Fourth Industrial Revolution on Nursing Care: Combating Challenges and Optimizing Learning	04/21/2023	04/21/2023	2 hours	Supervisory	Wesleyan University-Cabanatuan City
Echo CRF in Focus	04/ 14/2023	04/ 14/2023	2 hours	Supervisory	Philippine Heart Center
COVID 19 Vaccination online Training Training Management for COVID 19 Vaccine Trainers	02/18/2023	02/18/2023	2 hours	Supervisory	Department of Health
First Aid Basic Life Support and AED operation Seminar	03/10/2019	03/10/2019	8 hours	Supervisory	CDRRMO- LGU Baybay City, Leyte
Family Planning Competency Based Training level 1	02/22/2019	02/26/2019	40 hours	Supervisory	Integrated Midwives Association of the Philippines
Skills Enhancement Training for Midwives in compliance with RA 7392	08/20/2018	08/26/2018	40 hours	Supervisory	Integrated Midwives Association of the Philippines
Newborn Screening Training for New Health personnel	02/05/2015	02/05/2015	8 hours	Supervisory	Department of Health- Region 8

(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)
Dancing	N/A	None

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	December 14, 2023

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)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: _____ due to personal reason</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
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>CAROLINE S. LUMINARIAS</td><td>TALISAY CITY, CEBU</td><td>0915-7477-720</td></tr><tr><td>AISA C. PORCARE</td><td>MAHAPLAG, LEYTE</td><td>0905-6534-041</td></tr><tr><td>GEMMALYN G. QUIAMCO</td><td>BAYBAY CITY, LEYTE</td><td>0968-7526-231</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	CAROLINE S. LUMINARIAS	TALISAY CITY, CEBU	0915-7477-720	AISA C. PORCARE	MAHAPLAG, LEYTE	0905-6534-041	GEMMALYN G. QUIAMCO	BAYBAY CITY, LEYTE	0968-7526-231
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GEMMALYN G. QUIAMCO	BAYBAY CITY, LEYTE	0968-7526-231												
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.		<div> DIANA R. ECLAVIA PHOTO</div> <div> Right Thumbmark</div>												
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: BIR TIN</div> <div>ID/License/Passport No.: 462-018-585</div> <div>Date/Place of Issuance: 1/28/2020 ORMOC CITY</div>	<div> Signature (Sign inside the box) December 14, 2023 Date Accomplished</div>													
SUBSCRIBED AND SWORN to before me this 18 DEC 2023, affiant exhibiting his/her validly issued government ID as indicated above.														
<div> ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer Person Administering Oath</div>														

WORK EXPERIENCE SHEET

- Duration: February 3, 2023- December 31, 2023
- Position: Instructor 1
- Name of Office/Unit: College of Nursing
- Immediate Supervisor: Dr. Michelle C. Tolibas, RM, RN, MAN
- Name of Agency/Organization and Location: Visayas State University Pangasugan Baybay City, Leyte

- Summary of Actual Duties

- Responsible for teaching in the classroom, lab and clinical settings. Maintains current clinical competency and knowledge of current evidence in the literature required to teach in the classroom and clinical setting assigned. Ensures that all students have completed compliance requirements for the assigned clinical site. Provide timely feedback to students on their classroom/ clinical course progress.

- Duration: December 9, 2019 – May 31, 2021
- Position: School Nurse
- Name of Office/Unit: Health Services Department
- Immediate Supervisor: Sister Maribel Piangco, OSF
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception Baybay Leyte, Incorporated A. Bonifacio Street Baybay City, Leyte

- Summary of Actual Duties

- Develop and monitor health plans for students, faculty, non-teaching personnel. Administer simple medication, treat minor injuries and provide preventive and screening services to students, faculty, non-teaching personnel and religious sisters. Make referrals to the hospital or private doctors in any unusual cases. Closely monitor the cleanliness of the school premises, ensuring safety and proper sanitation.

- Duration: December 1, 2014 – May 31, 2021
- Position: Clinical Instructor
- Name of Office/Unit: College of Midwifery
- Immediate Supervisor: Concepcion A. Papong, MAN, RN, RM
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception Baybay Leyte, Incorporated A. Bonifacio Street Baybay City, Leyte

- Summary of Actual Duties

- Responsible for teaching in the classroom, lab and clinical settings. Maintains current clinical competency and knowledge of current evidence in the literature required to teach in the classroom and clinical setting assigned. Ensures that all students have completed compliance requirements for the assigned clinical site. Provide timely feedback to students on their classroom/ clinical course progress.

- Duration: June 9, 2014– November 30, 2014
- Position: Staff Midwife/ Staff Nurse
- Name of Office/Unit: Nursing Department
- Immediate Supervisor: Dr. Altagracia Villaflor/ Dr. Eleanor Villaflor
- Name of Agency/Organization and Location: Villaflor's Clinic R.V Fulache Street Hilongos, Leyte

- Summary of Actual Duties

- Supervise and participate in nursing procedures and treatments to the highest standards according to current accepted practice. Ensure good communication links are established with all other departments within the hospital. Establish an effective relationship with patients and be attentive to their individual needs. Develop a rapport with relatives and visitors giving adequate support.

- Duration: November 2, 2008– October 30, 2009
- Position: Staff Midwife
- Name of Office/Unit: Outpatient Department
- Immediate Supervisor: Dr. Conrad Drueco
- Name of Agency/Organization and Location: Drueco Medical Specialist and Maternity Lying-in Clinic 235 General Luis Street Novaliches Quezon City

- Summary of Actual Duties

- Maintain flexibility within the department to ensure the safe and successful running of the Outpatient Department in the meeting of its patient's and consultant user's needs. Receive and carry out instructions or assist as required.

Diana R. Eclavia
DIANA R. ECLAVIA

(Signature over Printed Name
of Employee/Applicant)

Date: 12-14-2023