

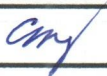
PERSONAL DATA SHEET

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	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	No.74 KILBOURNE House/Block/Lot No. Street VISAYAS STATE UNIVERSITY PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.57	ZIP CODE	6541
8. WEIGHT (kg)	55 kls	18. PERMANENT ADDRESS	BLOCK 4 LOT 7 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)	ciedelle.gapasin@vsu.edu.ph
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	5/10/2025
	NURSES LICENSURE EXAM	76.20%	6/10-11/2007	UNIVERSITY OF CEBU BANILAD CAMPUS	0460500	5/10/2022

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

(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			
	Plagiarism in Academic Research	05/15/2022	05/25/2022	44	Technical	Lalatendu Bidadhara Kumar Barik
	Emerging Pathways in Nursing Science	05/06/2022	05/06/2022	4	Technical	Saint Louis University School of Advanced Studies
	Paraphrasing, Summarizing, Quoting Effectively	5/4/2022	5/4/2022	4	Technical	Far Eastern University
	Ethics and Cultural Competence	04/1/2022	04/1/2022	5	Technical	West Visayas State University
	Mental Health Matters. You Matter	02/22/2022	02/22/2022	5	Technical	Philippine Nurses Association
	Innovative Breakthrough in Food Technology, Health and Nutrition	1/18/2022	1/18/2022	5	Technical	Department of Science and Technology
	PNA Nurse Balik-uro 2022	1/31/2022	1/31/2022	4	Technical	Philippine Nurses Association
	Transcending Inequity: Discoveries, Inventions and Innovations in Challenge	03/02/2022	03/02/2022	5	Technical	National Institute of Health, UP Dilliman
	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
	THE 12TH TRADITIONAL AND ALTERNATIVE HEALTH CARE CONGRESS	11/26/20	11/27/20	16	Technical	Philippine Institute of Traditional and Alternative Health Care
	NURSING WORLD TO HEALTH: PHILIPPINE NURSES ASSOCIATION CONVENTION	10/20/20	10/22/20	24	Technical	PHILIPPINE NURSES ASSOCIATION
	PEER REVIEWER TRAINING	10/1/2020	10/3/2020	16.0	Technical	Yawman Research and Training
	WORKSHOP ON QUALITATIVE ANALYSIS SOFTWARE: GENERATING THEMES	9/28/20	9/28/20	8	Technical	AFFIRM Center for Research and Professional Learning
	WORKSHOP ON QUALITATIVE ANALYSIS SOFTWARE: BASICS OF CODING	9/25/20	9/25/20	8	Technical	AFFIRM Center for Research and Professional Learning
	SECOND NATIONAL NURSING RESEARCH WEBINAR	9/25/20	9/25/20	4	Technical	BETA NU DELTA NURSING SOCIETY
	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	Supervisory	DEPED Ormoc City Division
(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 OIP 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			
(Continue on separate sheet if necessary)						
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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

If YES, give details:

☐ 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

If YES, give details: _____

☐ YES☒ NO

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

If YES, please specify: _____

☐ YES☒ NO

If YES, please specify ID No: _____

☐ YES☒ 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)

MARCH 30, 2023

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 04 APR 2023, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

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