

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 | Gadin | | |
| FIRST NAME | Ric-An Artemio | NAME EXTENSION (JR., SR) N/A | |
| MIDDLE NAME | Surio | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 09/11/1984 11/09/1984 | 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 | Catbalogan City, Samar | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | <input checked="" type="checkbox"/> Male <input 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: | 17. RESIDENTIAL ADDRESS | Lot 12 Block 4 Phase 3 House/Block/Lot No. Street Camella Homes Subd. Brgy. Campetic Subdivision/Village Barangay Palo Leyte City/Municipality Province |
| 7. HEIGHT (m) | 2.6 | ZIP CODE | 6501 |
| 8. WEIGHT (kg) | 68 | 18. PERMANENT ADDRESS | Lot 12 Block 4 Phase 3 House/Block/Lot No. Street Camella Homes Subd. Brgy. Campetic Subdivision/Village Barangay Palo Leyte City/Municipality Province |
| 9. BLOOD TYPE | "A+" | ZIP CODE | 6501 |
| 10. GSIS ID NO. | NA | 19. TELEPHONE NO. | NA |
| 11. PAG-IBIG ID NO. | 170000946330 | 20. MOBILE NO. | +639154528379 |
| 12. PHILHEALTH NO. | 130500756366 | 21. E-MAIL ADDRESS (if any) | rasgadin01@gmail.com |
| 13. SSS NO. | 06-2637093-6 | | |
| 14. TIN NO. | 940-847-391 | | |
| 15. AGENCY EMPLOYEE NO. | NA | | |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | NA | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | NA | NAME EXTENSION (JR., SR) | NA | NA |
| MIDDLE NAME | NA | | NA | NA |
| OCCUPATION | NA | | NA | NA |
| EMPLOYER/BUSINESS NAME | NA | | NA | NA |
| BUSINESS ADDRESS | NA | | NA | NA |
| TELEPHONE NO. | NA | | NA | NA |
| 24. FATHER'S SURNAME | Gadin | | NA | NA |
| FIRST NAME | Artemio | NAME EXTENSION (JR., SR) | NA | NA |
| MIDDLE NAME | Manatad | | NA | NA |
| 25. MOTHER'S MAIDEN NAME | Surio | | NA | NA |
| SURNAME | Gadin | | NA | NA |
| FIRST NAME | Teresita | | NA | NA |
| MIDDLE NAME | de la Cruz | | (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) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|---------------------------|--|--|----------------------|---------|--------------------------------------|----------------|---------------------------------------|
| | | | From | To | | | |
| ELEMENTARY | Sacred Heart College | Elementary | 1990 | 1996 | | 1996 | NA |
| SECONDARY | Leyte National High School | High School Diploma | 1996 | 2001 | | 2001 | NA |
| VOCATIONAL / TRADE COURSE | St. Scholastica's College of Health Sciences | Associate in Halth Science Education | 2002 | 2004 | | 2004 | NA |
| COLLEGE | St. Scholastica's College of Health Sciences | Bachelor of Science in Nursing | 2002 | 2006 | | 2006 | NA |
| GRADUATE STUDIES | The Philippine Women's University | Master of Arts in Nursing | 2008 | 2012 | | 2012 | NA |
| GRADUATE STUDIES | Universidad Internacional Isabel I de Castilla | Master of Business Administration | 2020 | 2021 | | 2021 | NA |
| GRADUATE STUDIES | Dr. Gloria D. Lacson Foundation Colleges, Inc | Doctor of Philosophy in Educational Psychology | 2018 | 2020 | | 2020 | NA |
| GRADUATE STUDIES | Don Mariano Marcos Memorial State University | Doctor of Philosophy in Development Administration | 2015 | Present | 61 | NA | NA |

| | | |
|-----------|------|------------|
| SIGNATURE | DATE | 02-07-2024 |
|-----------|------|------------|

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

| | | | |
|-----------|---|------|------------|
| SIGNATURE |  | DATE | 02-07-2024 |
|-----------|---|------|------------|

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 | | |
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(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 | | | |
| | INTERNAL EXAMINATION & SUTURING OF PERINEAL LACERATIONS | 08/27/2008 | 08/29/2008 | 24.0 | Technical | Maternal and Child Nurses Association of the Philippines |
| | IV THERAPY FOR TRAINERS & PRECEPTORS | 04/25/2008 | 04/25/2008 | 8.0 | Technical | Association of Nursing Service Administrators of the Philippines, Inc. |
| | PROTECTING HUMAN RESEARCH PARTICIPANTS | 11/06/2014 | 11/06/204 | 8.0 | Technical | National Institute of Health |
| | BASIC CERTIFICATE IN QUALITY and SAFETY | 02/11/2017 | 02/12/2017 | 18.0 | Technical | Institute of Healthcare Improvement, USA |
| | NIH STROKE SCALE A-V3 CERTIFICATION | 09/06/2019 | 09/06/2019 | 8.0 | Technical | National Institute of Health |
| | LEADERSHIP and MANAGEMENT | 09/10/2020 | 09/10/2020 | 10.0 | Managerial / Supervisory | Sigma Theta Tau International |
| | NURSE SCIENTIST COURSE | 05/01/2020 | 05/05/2020 | 40.0 | Managerial / Supervisory | National Institute of Nursing Research |
| | COACHING IN NURSING | 10/09/2020 | 10/09/2020 | 1.3 | Managerial / Supervisory | Sigma Theta Tau International |
| | BASIC LIFE SUPPORT | 05/09/2022 | 05/09/2022 | 8.0 | Technical | Saudi Heart Association |
| | BASIC CERTIFICATE IN QUALITY and SAFETY | 01/02/2017 | 03/02/2017 | 18.0 | Managerial / Supervisory | Institute of Healthcare Improvement, USA |
| | TOT ON THE GO TEACHING AND ASSESSMENT COURSE | 10/24/2023 | 10/24/2023 | 8.0 | Managerial / Supervisory | Saudi Commission for Health Specialties |
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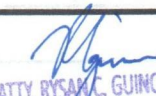


(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|-----|----------------------------|--|-----|---|
| | | FELLOW, Royal Insitute of Nurses, Singapore | | Sigma Theta Tau International Honor Society of Nursing (Pi Iota Chapter) |
| | | ASSOCIATE FELLOW, Colege of Health Service Management, Australia | | Australasian Colege of Health Service Management |
| | | | | Philippine College of Hospital Administrators, Philippines |
| | | | | Association of Nursing Service Administrators of the Philippines, Philippines |
| | | | | Beta Nu Delta Nursing Society (BND) Cebu City, Philippines |
| | | | | Philippine Nurses Association, Tacloban City, Philippines |
| | | | | |

(Continue on separate sheet if necessary)

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|-----------|---|------|------------|
| SIGNATURE |  | DATE | 02-02-2024 |
|-----------|---|------|------------|

| <p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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 style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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> | | | | | | | | | | | | |
| <p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Ma. Victoria S. Cagnan</td> <td>Tacloban City</td> <td>639173217352</td> </tr> <tr> <td>Elizabeth Nochete</td> <td>Catarman, N. Samar</td> <td>639173023869</td> </tr> <tr> <td>Ralph Alvin Caca</td> <td>Tacloban City</td> <td>639088823804</td> </tr> </tbody> </table> | | NAME | ADDRESS | TEL. NO. | Ma. Victoria S. Cagnan | Tacloban City | 639173217352 | Elizabeth Nochete | Catarman, N. Samar | 639173023869 | Ralph Alvin Caca | Tacloban City | 639088823804 |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
| Ma. Victoria S. Cagnan | Tacloban City | 639173217352 | | | | | | | | | | | |
| Elizabeth Nochete | Catarman, N. Samar | 639173023869 | | | | | | | | | | | |
| Ralph Alvin Caca | Tacloban City | 639088823804 | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PRC</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0397151</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>08/16/2006; Tacloban City</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 | ID/License/Passport No.: | 0397151 | Date/Place of Issuance: | 08/16/2006; Tacloban City | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 02-07-2024 Date Accomplished </td> </tr> </table> |  Signature (Sign inside the box) 02-07-2024 Date Accomplished | |
| 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/License/Passport No.: | 0397151 | | | | | | | | | | | | |
| Date/Place of Issuance: | 08/16/2006; Tacloban City | | | | | | | | | | | | |
|  Signature (Sign inside the box) 02-07-2024 Date Accomplished | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SUBSCRIBED AND SWORN to before me this <u>08 FEB 2024</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">  ATTY. RYSA M. C. GUINOCOR VSU Chief Legal Officer Person Administering Oath </div> </div> <div style="width: 50%; text-align: right;">   Right Thumbmark </div> </div> | | | | | | | | | | | | | |

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

- Duration: December 29, 2017 to December 28, 2023
- Position: Clinical Instructor / Clinical Nurse Educator
- Name of Office/Unit: Nursing Education – Nursing Department
- Name of Agency/Organization and Location: Armed Forces Hospital Southern Region, Khamis Mushayt, Saudi Arabia
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Actively Participates in the standardization and delivery of nursing education activities to help drive and deliver required changes, in collaboration with other disciplines and stakeholders.
 - Responsible for leading and managing a team of Clinical Resource Nurses (CRN) in delegated units or work programs, ensuring consistent standards in format and content, evidence-based best practice, and in alignment of all educational programs with the needs of patients, the nursing profession, and services in the organization.
 - Collaborates with nursing leaders to ensure the delivery of education and education services matches the requirements of the clinical area(s) of responsibility and is aligned with the vision, mission, values, and goals of the department and the organization.

- Duration: February 8, 2015 to April 15, 2017
- Position: Nurse Educator / Chief Nurse (A)
- Name of Office/Unit: Nursing Service Department
- Name of Agency/Organization and Location: Muhayl National Hospital, Muhayil, Saudi Arabia
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Promotes and provides support to meet the Nursing Services Department philosophy and standards of care by assisting with the ongoing assessment, planning, implementation, and evaluation of orientation, in-service staff development, and continuing education programs for the nursing personnel as an educator, consultant, facilitator, change agent, leader, and researcher, while being instrumental in creating a professional nursing climate within MNH to meet the needs of the diverse units and global needs of the hospital.
 - Manages and directs the activities of the Nursing Services Department to carry out the objectives of the organization in providing quality health care to patients and participating in community and government health programs.
 - Responsible for all nursing care provided through planning, directing, organization, and control of all hospital and ambulatory nursing services activities and through consultation and review of nursing care provided outside of the Nursing Services Department.


- Duration: March 15, 2012 to January 15, 2015
- Position: **Chief Nurse**
- Name of Office/Unit: Nursing Service Department
- Name of Agency/Organization and Location: Catarman Doctors' Hospital, Northern Samar, Philippines

- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Manage and supervise the entire Nursing Service Department.
 - Maintain regulatory compliance approvals and accreditation.
 - Work with senior management to develop strategic plans.
 - Ensure patient-care, clinical, and staffing standards are met.
 - Develop patient-care programs, manage nursing budgets, and establish nursing policies and procedures.
 - Conduct performance improvement activities and maintain the competency of nursing service personnel through a staff development program.
 - Create an environment that fosters collaboration

- Duration: November 8, 2010 to July 31, 2012
- Position: Clinical Instructor
- Name of Office/Unit: College of Nursing
- Name of Agency/Organization and Location: St. Scholastica's College Tacloban, Tacloban City, Leyte, Philippines
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Generate an environment conducive to teaching and learning.
 - Should be an example of an efficient, competent, and compassionate professional nurse.
 - Responsible for the teaching of nursing procedures, theories, and concepts related to the nursing profession with a focus on knowledge, skills, and attitude.
 - Responsible for mentoring the student nurse as specified in the nursing curriculum with definitions and applications of nursing as a science, art, and profession.
 - Guide students in their practice with the emphasis on 11 key areas of responsibility and core competency in nursing.
 - Trains students with the current trends of nursing care with a focus on evidence-based nursing.
 - 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

- Duration: June 1, 2007 to January 8, 2010
- Position: **Perioperative Nurse / Clinical Supervisor**
- Name of Office/Unit: (OR/PACU/ Special Areas) Nursing Service Department
- Name of Agency/Organization and Location: Our Lady of Porziuncola Hospital, Inc., Calbayog, Western Samar, Philippines
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Effectively function as the scrub or circulator during the surgical procedures for all types of elective and emergency cases performed, including abdominal, Urology, EENT, Aesthetic, Orthopedics, and OB/GYNE.
 - Utilizes appropriate interview skills to accurately identify existing and potential problems and formulate a nursing assessment. Ensure that necessary patient safety precautions are taken.
 - Provide care based on ethical concepts, respect for life, dignity, human worth, and the individuality of each human being.
 - Participates in and utilizes performance improvement to enhance patient care outcomes.
 - Coordinate, plan, and implement the newest approaches and practices to deliver efficient, cost-effective surgical care for the beneficiary population.

- Develops and initiates innovative and individualized teaching programs for the patients and staff requiring special approaches.
- Monitors and evaluates the quality of care with a focus on patient safety.
- Functions in a line management position as a liaison between staff members, the administrative department, and the medical department.
- Identifies and manages the Operating Room Suite to achieve an efficient and effective manner by supervising, coaching, empowering, motivating, and disciplining associates.
- Effectively functions to Provide patient care that is reflective of the client's condition in the Post Anesthesia Care Unit critical setting with coordination with surgeons and anesthesiologists.
- Responsible for hospital-wide patient care activities for a range of nursing departments.
- Responsible for administering all Personnel Policies and Procedures fairly and equitably.
- Creates and maintains a high-performance environment characteristic of positive leadership and strong team orientation.
- Assist in resolving complex patient and staff complaints and grievances.
- Organize, supervise, and direct the operation of urgent care.
- Supervise assigned personnel to ensure that nursing care services are being provided following regulations, policies, procedures, and good practice, and are effectively meeting the needs of clients.
- Assures the continuity and quality of patient care by following appropriate clinic/unit protocols and the supervision and evaluation of assigned personnel.
- Participates in orientation programs for new employees and ongoing in-service education/training for current employees to explain and describe the Nursing Services Department, its current and projected activities, and its policies, procedures, and practices.
- Ensure that a sufficient number of competent personnel are available for each shift to meet the nursing needs of clients.


Ric-Ay Antonio S. Gardin
 (Signature over Printed Name
 of Employee/Applicant)

Date: 02-07-2024