

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) N/A		
MIDDLE NAME	ROGERO			
3. DATE OF BIRTH (mm/dd/yyyy)	24/12/1988	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	<div>NA NA</div> <div>House/Block/Lot No. Street</div> <div>NA NA</div> <div>Subdivision/Village Barangay</div> <div>NA NA</div> <div>City/Municipality Province</div>	
7. HEIGHT (m)	1.549 M	18. PERMANENT ADDRESS	<div>325 PUROK NANGKA</div> <div>House/Block/Lot No. Street</div> <div>Subdivision/Village LIBERTY</div> <div>HILONGOS BARANGAY</div> <div>City/Municipality LEYTE</div> <div>Province</div>	
8. WEIGHT (kg)	58.5 kg		ZIP CODE	6524
9. BLOOD TYPE	A+			
10. GSIS ID NO.	NA			
11. PAG-IBIG ID NO.	1211-3478-7317	19. TELEPHONE NO.	NA	
12. PHILHEALTH NO.	13-050165654-3	20. MOBILE NO.	0995-890-2707	
13. SSS NO.	34-1375683-8	21. E-MAIL ADDRESS (if any)	nutrixdoula88@gmail.com	
14. TIN NO.	462-018-585			
15. AGENCY EMPLOYEE NO.	N/A			

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	JO DITHAN R. ECLAVIA	16/05/2022
MIDDLE NAME	BALDADO		
OCCUPATION	SEAFARER		
EMPLOYER/BUSINESS NAME	NA		
BUSINESS ADDRESS	NA		
TELEPHONE NO.	NA		
24. FATHER'S SURNAME	N/A		
FIRST NAME			
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	With honor
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SECONDARY EDUCATION	04/06/2001	14/04/2005	Graduated	2005	NA
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	N/A	NA
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION BAYBAY LEYTE INCORPORATED	DIPLOMA IN MIDWIFERY	13/06/2005	24/03/2007	Graduated	2007	NA
	ST. PAUL COLLEGE FOUNDATION INCORPORATED	BACHELOR OF SCIENCE IN NURSING	10/06/2010	29/03/2014	Graduated	2014	NA
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY- PHINMA CEBU	MASTER OF ARTS IN NURSING MAJOR IN NURSING SERVICE ADMINISTRATION	10/11/2018	20/03/2020	36 units	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1-23-2023
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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 / CONFÉRMENT	PLACE OF EXAMINATION / CONFÉRMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	PHILIPPINE NURSING LICENSURE EXAM	77.8	MAY 25 & 26, 2014	CEBU	0859119	24/12/2026
	MIDWIFERY LICENSURE EXAM	79.8	APRIL 29 & 30, 2008	CEBU	0146020	24/12/2026

V. WORK EXPERIENCE

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

[illegible]

SIGNATURE	<i>Amelia</i>	DATE	1-23-2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

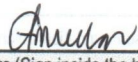


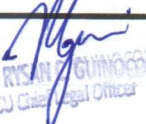
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Dancing	Handog Puso Foundation Volunteer Nurse for minor surgery	Philippine Nurse's Association
		Integrated Midwife's Association of the Philippines

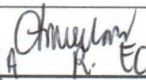
(Continue on separate sheet if necessary)

SIGNATURE	<i>Amulian</i>	DATE	1-23-2023
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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)?		<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 peronal reasons</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>0916-1178-852</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	0916-1178-852
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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.														
<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: ORMOC CITY</div>		<div> Signature (Sign inside the box)</div> <div>1-23-2023 Date Accomplished</div>												
		<div> PHOTO</div> <div> Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this 13 MAR 2023 , affiant exhibiting his/her validly issued government ID as indicated above.														
<div> Atty. RYAN G. QUINOCO VSU Chief Legal Officer</div> <div>Person Administering Oath</div>														

WORK EXPERIENCE SHEET

- 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
(Signature over Printed Name
of Employee/Applicant)
Date: 1-23-2023