CS Form No. 212 Revised 2017

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 Print legibly. Tick appropriate boxes						S FORM.		1. CS ID No.	1420011123	(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO	N											
2. SURNAME	ECLAVIA											
FIRST NAME	DIAN	NA				NAME EXTENSION (JR., SR)						
MIDDLE NAME	ROGERO											
DATE OF BIRTH (mm/dd/yyyy)				16. CITIZENSHIP	16. CITIZENSHIP			Dual Citizenship		-		
24/12/1988							by birth by naturalization					
4. PLACE OF BIRTH	HILONGOS, LEYTE			If holder of dual citize	nship,	Pls. indicate country:						
5. SEX	Male Female			please indicate the d								
6 CIVIL STATUS	☐ Single ✓ Married		17. RESIDENTIAL ADDRESS	7. RESIDENTIAL ADDRESS			N Q use/Block/Lot No.					
		Separated			House/Block/Lot No. NA Subdivision/Village			Street N A				
7 UEICUT (m)	+				Transfer of the					Barangay NA		
7. HEIGHT (m)		1.549 M					N 4 ity/Municipality F			Province	MATERIAL STATE OF THE STATE OF	
8. WEIGHT (kg)		58.5 kg	1 - 1 - 1		ZIP CODE	000						
9. BLOOD TYPE		,	4+	HOTHER	18. PERMANENT ADDRESS	. 325 House/Block/Lot No.		PUROK NANGKA Street				
10. GSIS ID NO.		NA				ubdivision/Village			LIBERTY Barangay			
11. PAG-IBIG ID NO.		1211-3478-7317			0.3030.00	201302	HILONGOS			LEYTE		
12. PHILHEALTH NO.		13-050165654-3		THE PERSON	ZIP CODE	City/Municipality 6524			Province			
13. SSS NO.		34-1375683-8		JIH J.	19. TELEPHONE NO.	31	A					
14. TIN NO.		462-018-585			20. MOBILE NO.	N	NA .					
				Control of the contro			0995-890-2707					
15. AGENCY EMPLOYEE NO.		NA			21. E-MAIL ADDRESS (if any)		<u>n</u>	utrixdoul	a88@gmail.c	<u>om</u>		
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME			ECI A	VIΔ		23. NAME of CH	II DDEN (Write	full name and	liet all)	DATE OF BIRT	H (mm/ddhaaa)	
FIRST NAME	JONATHAN ECLAVIA		TVIA .	NAME EXTENSION (JR., SR)	23. NAME OF OTH		N R. ECLAV			/2022		
MIDDLE NAME	-	BALDADO			NA					10/00	72022	
OCCUPATION			SEAFA									
EMPLOYER/BUSINESS NAME				WEIL .								
BUSINESS ADDRESS			JA									
TELEPHONE NO.			JA IA									
24. FATHER'S SURNAME		, , , , , , , , , , , , , , , , , , ,	N/	Δ								
FIRST NAME	-		14//		NAME EXTENSION (JR., SR)							
MIDDLE NAME												
25, MOTHER'S MAIDEN NAME												
SURNAME	Restaurable per l'international de l'année de l'année de l'année de la communité de l'année de l'an			FRO						_		
FIRST NAME		FELICIDAD										
MIDDLE NAME	-		MAGI		(Continue on separa				narata chaot if nacac	earul		
III. EDUCATIONAL BACKS	ROU	ND	170 (0)	JON			· ·	onune on se	Aware sheet if fieces	Sury)		
26.					PASIC EDUCATION/DECO	FEICOURCE	PERIOD OF	ATTENDANCE HIGHEST LEVEL/			SCHOLARSHIP!	
LEVEL	1	NAME OF SCHOOL (Write in full)			BASIC EDUCATION/DEGREE/COURSE (Write in full)		From To UNITS EARNED (if not graduated)		GRADUATED HONO	ACADEMIC HONORS RECEIVED		
ELEMENTARY		LIBERTY ELEM	ENTARY SCHOOL		ELEMENTARY EDUCATION		05/06/1995	30/03/2001	Graduated	2001	With honor	
SECONDARY		HILONGOS NATIONAL	VOCATIONAL SCI	HOOL	SECONDARY EDUCATION		04/06/2001	14/04/2005	Graduated	2005	NA	
VOCATIONAL / TRADE COURSE		NA		NIA		NA	NA	NA	14/4	NA		
COLLEGE	FF	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION BAYBAY LEYTE INCORPORATED		DIPLOMA IN MIDWIFERY			24/03/2007		2007	NA		
	ST.	PAUL COLLEGE FOUNDATION			BACHELOR OF SCIENCE IN			29/03/2014	braolusted	2014	NA	
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY- PHINMA CEBU		CEBU	NURSING MASTER OF ARTS IN NURS	MASTER OF ARTS IN NURSING MAJOR IN		20/03/2020	Graduated 36 units	NA	NA		
	NURSING SE (Continue on separate sheet if n			NURSING SERVICE ADMI	VIGITATION		אין אין					
SIGNATURE		Anuda	~				DA	ATE	1-23-	2023		

IV. CIVIL SERVICE ELIGIBILITY 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING DATE OF			LICENSE (if applicable)				
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE PHILIPPINE NURSING LICENSURE EXAM			(If Applicable)	(If Applicable) EXAMINATION / PLACE OF EXAMINATION / CONFERMENT		ATION / CONFÉRI	MENT	NUMBER	Date of Validity
			77.8	MAY 25 & 26, 2014	C	EBU		0859119	24/12/202
M	MIDWIFERY LICENSURE EXAM		79.8	APRIL 29 & 30, 2008	С	EBU		0146020	24/12/2026
	EXPERIENCE	Start from vour recent		Continue on separate shee	if necessary)	Mark Evnevie			
28. INCL	USIVE DATES nm/dd/yyyy) To	POSITION TI (Write in full/Do not a	TLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY //Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
09/12/2019	31/05/2021	HEAD OF HEALTH	SERVICES	FRANCISCAN IMMACULATE C	CES DEPARTMENT/ I COLLEGE OF THE ONCEPTION BAYBAY	Php 14, 000.00	N/A	Full time	N
01/12/2014	31/05/2021	CLINICAL INST	RUCTOR	COLLEGE OF MID	LEYTE INCORPORATED COLLEGE OF MIDWIFERY/ FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION BAYBAY LEYTE		N/A	Full time	N
09/06/2014	30/11/2014	STAFF NURSE/I	MIDWIFE		IURSING DEPARTMENT/ VILLAFLOR'S CLINIC		N/A	Probationary	N
02/11/2008	2/11/2008 30/10/2009 STAFF MIDW		WIFE	MEDICAL SPECIA	PARTMENT/ DRUECO ALIST AND MATERNITY G-IN CLINIC	Php 4,500.00	N/A	Probationary	N

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				1241 1		2.129			
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					7				
SIGN	IATURE	Anuda		Continue on separate shee	DATE	1- 5	3-202	2	

II. VOLUNTARY WORK OR INVOLVEME	NT IN CIVIC / NON-GOVERNM	ENT / PEOP	LE / VOLUNT	ARY ORGANIZ	ATION/S			
NAME & ADDRESS OF ORG		INCLUSIVE DATES		NUMBER OF HOURS	and the same			
(Write in full)			(mm/dd/yyyy) From To		, DE	POSITION / NATURE OF WORK		
landogPuso Foundation - OSF ACC , Bonzel Health City, Leyte	01/12/2014	present	24 hours/yr.	Volunteer nurse for minor surgery				
	Podebacy SSYR							
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	TARIST A CASA II TA		+		11101			
			e on separate she					
II. LEARNING AND DEVELOPMENT (Lo Start from the most recent L&D/training program and i					ve/Managerial posit			
1741	EST L. 1	INCLUSION	VE DATES OF		Type of LD	Vietnosti ao procesiva.		
TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	EVENTIONS/TRAINING PROGRAMS		ENDANCE n/dd/yyyy) To	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write full)		
ASIC FIRST AID BASIC LIFE SUPPORT AND AED	03/10/2019	03/10/2019	8 hours	Supervisory	City Disaster Risk Reduction and Management Office- LGU Baybay Ci Leyte			
FAMILY PLANNING COMPETENCY BASED	22/02/2019	26/02/2019	40 hours	Supervisory	Integrated Midwives Association of the Philippines			
SKILLS ENHANCEMENT TRAINING FOR MIDWIVE MIDWIFE) IN COMPLIANCE WITH R.A 7392	ES (EXPANDED ROLE OF THE	20/08/2018	26/08/2018	56 hours	Supervisory	The Association of Philippine Schools of Midwifery, Inc.		
SKILLS TRAINING PROGRAM INTEGRATING NEWBORN CARE (BASIC NEWBORN RESUSCIATION AND NEWBORN EXAMINATION), NUTRITION (KANGAROO MOTHER CARE AND LACTATION MANAGEMENT) AND INTEGRATED MANAGEMENT OF			25/06/2016	48 hours	Supervisory	brindve you recipied both air jawinness card		
CHLDHOOD ILLNESS FOR THE MID	ZHV L	05/00/0045	ser countil ?	mas to mebi.	er meneme	The Association of Philippine Schools of Midwifery, Inc.		
IEWBORN SCREENING TRAINING FOR NEW HE	ALTH PERSONNEL	05/02/2015	05/02/2015	8 hours	Supervisory	Department of Health- eastern Visayas		
		ASI, en	abled Harlo	ale IC Majo	0.0 PM (0) (Pursuant to (a) indigended the commission		
		Small	grisofiet so	I tawars assi	le 705.02 AS			
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Barton e ereron	0918-7477-720	U8	BAY CITY. DE	a at		CAROLINE S. LUMMARIAS		
	0305-6534-041	ar	APLAG LEY	HAM		- AISA CLPORGARE		
bersteinen laftkirisko en som bergebintestene			14.4	U I U II	1	/		
	Andrew Andrews Control	or dorow	1000	V 200	t banah re	declare under oath that I have never a second		
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						adininationale crimer a casers against tre.		
VIII. OTHER INFORMATION		(Continu	ue on separate sh	eet if necessary)				
102035	l NO	N-ACADEMIC DIS	STINCTIONS / REC	COGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
SPECIAL SKILLS and HOBBIES	32.	0	Write in full)			(Write in full)		
Dancing Handog Puso			olunteer Nurse fo	or minor surgery		Philippine Nurse's Association		
	Experience A chief				Integrated Midwife's Association of the Philippines			
		and the state of t			and - house			
ends balantoles Cohen se	or have the vial a forte	ins wife		18/14/6		MIT AN EW HOLD VITO W2 0/44 0/19 M3 58/02		
			- La Compagna					
			15					
		(Confir	nue on separate si	heet if necessary)				
SIGNATURE	(Amuelan)	O garotein	erson Admi		DATE	1-23-2023		

				1			
34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	YES	NO				
Contract of the Contract	b. within the fourth degree (for Local Government Unit - Care	YES If YES, give details:	NO				
35.	a. Have you ever been found guilty of any administrative offe	YES /	NO				
	b. Have you been criminally charged before any court?	If YES NO If YES, give details: Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?	YES NO If YES, give details:					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, find in the public or private sector?	If YES NO If YES, give details: due to peronal reasons					
38.	a. Have you ever been a candidate in a national or local electron are a sample of the sample of	tion held within the last year (except	YES VOIT NO				
contraction of the	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	YES NO NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	YES NO If YES, give details (country):					
40. a. b. c.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	If 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 a	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	CAROLINE S. LUMINARIAS	TALISAY CITY, CEBU	0915-7477-720				
H	AISA C. PORCARE	MAHAPLAG, LEYTE	0905-6534-041				
42.	GEMMALYN G. QUIAM CO	0914-1178-852					
Service Services	complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.	DIANA R ECLAVIA			
F	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
lŀ	BIR (TIN) D/License/Passport No.: 462-018-585	- 1 (cc 4-					
۱ŀ	Date/Place of Issuance: ORMOC CITY	ox)	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	ng his/her validly issued gove	mment ID as indicated above.				
	A 1 5 7 1 A 2 4	h					

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.

(Signature over Printed Name of Employee/Applicant)