

# 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)	11/09/1984	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	Catbalogan, Samar	If holder of dual citizenship, please indicate the details.	<b>Philippines</b>
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 BLK 4 PHASE 3 _____ Street CAMELLA HOMES SUBD    Campetik _____ Barangay PALO    LEYTE _____ Province ZIP CODE    6501
7. HEIGHT (m)	1.70	18. PERMANENT ADDRESS	LOT 12 BLK 4 PHASE 3 _____ Street CAMELLA HOMES SUBD    Campetik _____ Barangay PALO    LEYTE _____ Province ZIP CODE    6501
8. WEIGHT (kg)	64.00		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	N/A	20. MOBILE NO.	915-452-8379
13. SSS NO.	0626370936	21. E-MAIL ADDRESS (if any)	ric-an.gadin@vsu.edu.ph

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Gadin			
FIRST NAME	Artemio	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Manatad			
25. MOTHER'S MAIDEN NAME	Teresita dela Cruz Surio			
SURNAME	Gadin			
FIRST NAME	Teresita			
MIDDLE NAME	Surio			(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	N/A						
SECONDARY	N/A						
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	St. Scholastica's College of Health Sciences	Bachelor of Science in Nursing	2002	2006		2006	N/A
GRADUATE STUDIES	Philippine Womens University	Master of Arts in Nursing (Major in Nursing Administration)	2008	2012		2012	N/A

PLEASE SEE ATTACHMENT A

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	02/12/2025
------------------	--	-------------	------------

Attachment A

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			
GRADUATE STUDIES	Don Mariano Marcos Memorial State University	Doctor of Philosophy (Major in Development Administration)	2015		61		
	Dr. Gloria D. Lacson Foundation Colleges Inc.	Doctor of Philosophy (Major in Educational Psychology)	2018	2020		2020	
	The Universidad Internacional Isabel I de Castilla	Master of Business Administration	2020	2021		2021	
<i>(Continue on separate sheet if necessary)</i>							
<b>SIGNATURE</b>			<b>DATE</b>		02/12/2025		



**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		
	N/A	N/A	N/A	N/A	N/A

*(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			
	COALESCE: Elevating the Nursing Community Through a Positive Work Environment	12/07/2024	12/07/2024	8	Technical	PHILIPPINE NURSES ASSOCIATION INC.
	Nurse Preceptorship Training for Clinical Instructors: Internal Medicine	07/15/2024	07/29/2024	80	Technical	EASTERN VISAYAS MEDICAL CENTER
	Nurse Preceptorship Training for Clinical Instructors: Operating Room	06/18/2024	07/15/2024	160	Technical	EASTERN VISAYAS MEDICAL CENTER
	Nurse Preceptorship Training for Clinical Instructors: Psychiatry	03/06/2024	04/04/2024	160	Technical	EASTERN VISAYAS MEDICAL CENTER
	5th National Nursing Research Webinar "NURSING RESEARCH AT THE FOREFRONT OF HEALTHCARE INNOVATION"	11/25/2023	11/25/2023	5	Research	Beta Nu Delta Nursing Society
	TOT on the Go Teaching and Assessment Course	10/24/2023	10/24/2023	8	Supervisory	Saudi Commission and Health Specialities
	MODHS Pressure Injury/Wound Care Education Module & Train the Trainer	10/01/2023	10/02/2023	16	Technical	Ministry of Defense Health Services
	1st International Nursing Conference "Nursing Voice: An Echo of Resilience in Healthcare Delivery"	03/09/2023	03/10/2023	16	Supervisory	Eastern Health Cluster Kingdom of Saudi Arabia
	4th National Nursing Research Webinar "Connecting Research and Practice for Better Health Outcomes"	09/10/2022	09/10/2022	5	Research	Beta Nu Delta Nursing Society
	BASIC LIFE SUPPORT TRAINING	09/05/2022	09/05/2022	8	Technical	Saudi Heart Association
	THE LEADERSHIP DIMENSION CULTIVATING CARE THROUGH INNOVATIVE LEADERSHIP	07/27/2022	07/27/2022	8	Supervisory	Armed Forces Hospital Southern Region
	"Home Health Care Wound Care Workshop for Patient Caregivers".	06/26/2022	06/26/2022	5	Technical	Home Health Care Armed Forces Hospital Southern Region
	PRINCIPLES OF LEADERSHIP & MANAGEMENT IN NURSING	10/25/2021	10/25/2021	8	Supervisory	Armed Forces Hospital Southern Region
	Training of Trainers (ToT) Program on COVID-19	12/09/2020	12/11/2020	24	Technical	Project Hope
	COACHING in NURSING	10/09/2020	10/09/2020	1	Supervisory	Sigma Theta Tau International
	Certified Lean Six Sigma Yellow Belt (CLSSYB)	05/02/2020	05/02/2020	4	Technical	Anexas Europe
	NURSE SCIENTIST COURSE	05/01/2020	05/05/2020	40	Technical	National Institute of Nursing Research

PLEASE SEE ATTACHMENT B

*(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)
	N/A		Ideal Employee of the Year 2023		Saudi Society for Health Practitioner Education
			Associate Fellow		Beta Nu Delta Nursing Society
					Wound Care Nursing Specialty
					Australasian College of Health Service Management
					Association of Nursing Service Administrators of the Philippines
					The Philippine College of Hospital Administrators, Inc.
					Sigma Theta Tau International

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	02/12/2025
------------------	--	-------------	------------



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?  YES  NO  
b. within the fourth degree (for Local Government Unit - Career Employees)?  YES  NO  
If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?  YES  NO  
If YES, give details: \_\_\_\_\_  
b. Have you been criminally charged before any court?  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)?  YES  NO  
If YES, give details: \_\_\_\_\_  
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: \_\_\_\_\_

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?  YES  NO  
If YES, please specify: \_\_\_\_\_  
b. Are you a person with disability?  YES  NO  
If YES, please specify ID No \_\_\_\_\_  
c. Are you a solo parent?  YES  NO  
If YES, please specify ID No \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Ralph Alvin Caca	Eastern Visayas Medical Center	
Ma. Victoria Cagnan	Remedios Trinidad Romualdez Hospital	
Elizabeth Nochete	Catarman Doctors Hospital	

ID picture taken within the last 6 months  
3.5 cm x 4.5 cm  
(passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

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.) <b>PLEASE INDICATE ID Number and Date of Issuance</b>
Government Issued ID: <b>N/A</b>
ID/License/Passport No.: <b>N/A</b>
Date/Place of Issuance: <b>N/A</b>

Signature (Sign inside the box)
02/12/2025
Date Accomplished

Right Thumbmark
-----------------

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

Person Administering Oath