

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)
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 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		
9. BLOOD TYPE	"A+"	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
10. GSIS ID NO.	NA	ZIP CODE	6501
11. PAG-IBIG ID NO.	170000946330		
12. PHILHEALTH NO.	130500756366		
13. SSS NO.	06-2637093-6	19. TELEPHONE NO.	NA
14. TIN NO.	940-847-391	20. MOBILE NO.	+639154528379
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	rasgadin01@gmail.com

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	dela 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

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 1, 2022
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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		

(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			
	THE LEADERSHIP DIMENSION CULTIVATING CARE THROUGH INNOVATIVE LEADERSHIP	07/27/2022	07/27/2022	8.0	Managerial / Supervisory	Armed Forces Hospital Southern Region
	BASIC LIFE SUPPORT TRAINING	05/09/2022	05/09/2022	8.0	Technical	Saudi Heart Association
	PRINCIPLES OF LEADERSHIP & MANAGEMENT IN NURSING	10/25/2021	10/25/2021	8.0	Managerial / Supervisory	Armed Forces Hospital Southern Region
	Training of Trainers (TOT) Program on COVID-19 Infection Prevention and Controls (IPC)	12/09/2020	12/11/2020	24.0	Technical	Project Hope
	Certified Lean Six Sigma Yellow Belt (CLSSYB)	05/02/2020	05/02/2020	4.0	Managerial / Supervisory	Anexas Europe
	COACHING in NURSING	10/09/2020	10/09/2020	1.3	Managerial / Supervisory	Sigma Theta Tau International
	NURSE SCIENTIST COURSE	05/01/2020	05/05/2020	4.0	Managerial / Supervisory	National Institute of Nursing Research
	LEADERSHIP and MANAGEMENT	04/09/2020	04/10/2020	10.0	Managerial / Supervisory	Sigma Theta Tau International
	NIH STROKE SCALE A-V3 CERTIFICATION	09/09/2019	09/09/2019	8.0	Technical	National Institute of Health
	BASIC CERTIFICATE IN QUALITY and SAFETY	02/01/2017	02/03/2017	18.0	Managerial / Supervisory	Institute of Healthcare Improvement, USA

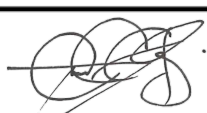
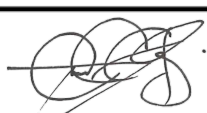
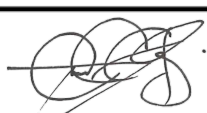






(Continue on separate sheet if necessary)

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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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or chief of bureau or office or to the person who has immediate supervision over you in the 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>Date Filed: _____</p> <p>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</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		
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<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>															
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>															