VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT /	PEOPLE / VC	DLUNTARY O	RGANIZATIOI	V/S	
LU.	NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES (Write in full) (mm/dd/yyyy) NUMBER OF HOURS			DOCUTIO		
(Write in ful	ii)	From	То	NOWIDER OF HOURS		POSITIO
NONE						
					<u> </u>	
					<u> </u>	
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate)		
(Start from the most recent L&D/training program and inclu				ef/Executive/Mana	gerial positions)	
			DATES OF		Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVEN	NTIONS/TRAINING PROGRAMS (Write in full)		IDANCE d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	
		From	То		Technical/etc)	A OTION (
WHO MPOWER & BRIEF TOBACCO INTER	VENTION SKILLS TRAINING	12/09/2019	12/11/2019	24 HOURS	MANAGERIAL/ TECHNICAL	PHILIPPIN
UNIVERSAL PREVENTION CURRICULA (UPC) 2	2	08/27/2019	08/30/2019	32 HOURS	MANAGERIAL	DEPART
BASIC LIFE SUPPORT-TRAINING OF TRAIN	IERS	08/14/2018	08/17/2018	32 HOURS	MANAGERIAL	DEPART
TRAINING ON UNIVERSAL PREVENTION CURR	RICULA FOR SUBSTANCE USE	08/07/2018	08/10/2018	32 HOURS	MANAGERIAL	DEPARTI
ORIENTATION TRAINING ON THE DRUG TE	STING PROGRAM	21/03/2017	03/23/2017	24 HOURS	TECHNICAL	DEPART
PEER EDUCATORS TRAINING ON BASIC DRR-					<u> </u>	OFFICE PLAN INT
SAFETY		26/01/2016	01/28/2017	24 HOURS	TECHNICAL	PLAN IN I
					<u> </u>	
	(Con	tinue on separate	sheet if necessary			
VIII. OTHER INFORMATION	(COII					
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN	NCTIONS / RECOG	NITION		33. MEM
ORAL AND WRITTEN SKILLS	NONE	(,			PHILIPPII
COMPUTER LITERATE						<u> </u>
OOMI OTEN EITENATE						
						ļ

	(Continue on separate sheet if necessary)		
SIGNATURE		DATE	

N/NATURE OF WORK
CONDUCTED/ SPONSORED BY (Write in full)
)N SMOKING AND HEALTH IES
MENT OF EDUCATION RO VIII
MENT OF HEALTH RO VIII
MENT OF EDUCATION RO VIII
MENT OF EDUCATION, CENTRAL
ERNATIONAL
_
_
BERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
IE NURSES ASSOCIATION
_

