Revised 2017	PE	RSO	NAL DAT	A SH	EET					
WARNING: Any misrepresent	ation made in the Personal Dat						iminal case/s are	inst the next	ion	
concerned. READ THE ATTACHED GUIDE	E TO FILLING OUT THE PERSONS IN DAILY OF THE PERSONS IN DAILY OF THE PERSONS IN T	ONAL DATA SH	EET (PDS) BEFORE ACCOM	IPLISHING TH	E PDS FOR				or CSC use only)	
I. PERSONAL INFORMATION									- Unity	
2. SURNAME	BORBON									
FIRST NAME	AIKA MAE						NAME EXTENSION (JR.,	SR)	NA	
MIDDLE NAME	GABIETA									
3 DATE OF BIRTH (mm/dd/yyyy)	06/20/1995 16 CITIZENSHIP			Filipino Dual Citizenship						
4 PLACE OF BIRTH	TACLOBAN CITY, LEYTE		If holder of dual critze please indicate the de	Control of the Contro		Pls. indicate co		by naturalization ountry:		
5 SEX		✓ Female						Kada - A	•	
6 CIVIL STATUS	200	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS	BLOCK 6, LOT 10, PHASE 3 House/Block/Lot No V&G SUBDIVISION Subdivision/Village TACLOBAN CITY City/Municipality		MANGGA STREET Street BRGY 109 Barangay		T		
7. HEIGHT (m)	1.55 m	guil. SMT ku	The second of th			LEYTE		Con to		
8. WEIGHT (kg)	54 kg	86. 783 A	ZIP CODE	-		EK SHIPE JAB	6500	Province 00		
9 BLOOD TYPE	A+ /- 70.000.75	Skylestiks	18. PERMANENT ADDRESS		6, LOT 10, PI		MAM	IGGA STREE	T	
10. GSIS ID NO	2005130242	(Ja to jero)	TO A STATE OF THE PARTY.	House/Block/Lot No. V&G SUBDIVISION			Street BRGY 109			
11 PAG-IBIG ID NO.	1211-9368-6367	100 V	AND MARKET THE REPORT OF THE PROPERTY OF THE P	TAC	SubdivisionVillage TACLOBAN CITY			Barangay LEYTE		
12 PHILHEALTH NO.	13-000122346-2	GH Francisco	ZIP CODE	C	ity/Municipality	1 1 70	6500	Province	1119	
13. SSS NO.	NONE	A	19. TELEPHONE NO	(053) 832 86	63	6.4	1.		J. 1 - C	
14 TIN NO	336-021-879		20. MOBILE NO.	0909-591-48	22	recorder	217	400	00	
15. AGENCY EMPLOYEE NO.	2017-6733314	Photo 15	21. E-MAIL ADDRESS (if any)	aikaborbon728@gmail.com			Mark.			
II. FAMILY BACKGROUND)					STEEL STORES			THE PERSON NAMED IN	
22. SPOUSE'S SURNAME	-12	NONE		23. NAME of CH	HILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy		
FIRST NAME	N/A		NAME EXTENSION (JR., SR)	NONE		1	N/A			
MIDDLE NAME	N/A									
OCCUPATION		N/A								
EMPLOYER/BUSINESS NAME		N/A								
BUSINESS ADDRESS		Ń/A								
TELEPHONE NO.		N/A								
24 FATHER'S SURNAME	BORBON		NAME EXTENSION (JR., SR.) N/A	-						
FIRST NAME	ALEJANDRO		THE EXTENSION (AT., SIT) INA							
MIDDLE NAME		NORA								
5. MOTHER'S MAIDEN NAME		O.L.						-		
SURNAME FIRST NAME		GABIETA								
MIDDLE NAME	MARILYN BRAZAS					Chatava	norate sheet if soon	carvi		
III. EDUCATIONAL BACK	GROUND	DIVIZAS			(1	Suranue da se	parate sheet if neces	- 4 J1 -		
26 LEVEL	NAME OF SCHO		BASIC EDUCATION/DEGR	REE/COURSE	PERIOD OF	ATTENDANCE HIGHEST LEVEL/ UNITS EARNED		YEAR AND GRADUATED H	SCHOLARSHIP ACADEMIC	
TEVEL	(Write in full)	(Write in full)		From	То	(if not graduated)	HONORS RECEIVED			
ELEMENTARY	TACLOBAN ANGELICUM LEARNING CENTER		ELEMENTARY		2001	2007	N/A	2007	PROFICIENCY AWARDEE	
SECONDARY	TACLOBAN ANGELICUM LEARNING CENTER		HIGH SCHOOL		2007	2011	N/A	2011	WITH HONOR	
VOCATIONAL / TRADE COURSE	NONE		N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	UNIVERSITY OF THE PHILIPPINES VISAYAS		BACHELOR OF ARTS (PS	YCHOLOGY)	2011	2015	N/A	2015	COLLEGE SCHOLAR	
GRADUATE STUDIES	ST SCHOLASTICA'S COLL	LEGE MANILA	MASTER OF ARTS IN PS	YCHOLOGY	2017	DATE	42 UNITS	N/A	N/A	
SIGNATURE	(Continue on separate sheet if new			cessary)	DATE			03/14/2024		

CS FORM 212 (Revised 2017), Page 1 of 4

7. CAREE		(BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	-
BAR		SPECIAL LAWS/ CES/ CSEE (If Applicable) RATING (If Applicable) EXAMINATION / CONFERMENT PLACE OF EXAMINATION / CONFERMENT				MENT	NUMBER	Date of Validity	
RA 1080	(REGISTERED PSY	CHOMETRICIAN)	81.20%	August 30-31, 2016	COMMISSION ON AU	DIT RO VII, CE	BU CITY	0008128	06/20/20
CA	REER SERVICE PR	OFSSIONAL	83.07%	October 25, 2015	LEYTE NORMAL UNIVE	RSITY, TACLO	OBAN CITY	N/A	N/A
WORK E	XPERIENCE		(C	ontinue on separate sheet i	f necessary)				
INCLU	SIVE DATES	POSITION TI	TLE			MONTHLY	SALARY/ JOB/ PAY GRADE (If applicable)& STEP	STATUS OF	GOVT
From	(Write in full/Do not abbreviate)		(Write in full/	SALARY	(Format '00-0') INCREMENT	APPOINTMENT	(Y/N)		
01/01/2024	DATE	HEALTH PROGRAM	OFFICER II	REHABILITATI	EALTH - TREATMENT AND ON CENTER DULAG	36,619.00	15	PERMANENT	Υ
11/03/2023	12/31/2023	HEALTH PROGRAM		REHABILITATI	EALTH - TREATMENT AND ON CENTER DULAG EALTH - TREATMENT AND	36,619.00	15	PERMANENT	Y
08/01/2023	10/02/2023	HEALTH PROGRAM	A MARIAN	REHABILITATI	ON CENTER DULAG	27,000.00	11	PERMANENT	Y
01/01/2023	07/31/2023	PSYCHOLOG	IST I	REHABILITATI	ON CENTER DULAG	27,000.00	11	PERMANENT	Y
01/01/2022	12/31/2022	PSYCHOLOG	IST I	REHABILITATI	ON CENTER DULAG	25,439.00	. 11	PERMANENT	Y
01/01/2021	12/31/2021	PSYCHOLOG	IST I	REHABILITATI	ON CENTER DULAG EALTH - TREATMENT AND	23,877.00	a 11	PERMANENT	Y
01/01/2020	12/31/2020	PSYCHOLOG	IST I	REHABILITATI	ON CENTER DULAG	22,316.00	11	PERMANENT	Y
01/01/2019	12/31/2019	PSYCHOLOG	IST I	REHABILITATI	ON CENTER DULAG	20,754.00	11	PERMANENT	Y
01/01/2018	12/31/2018	PSYCHOLOG	IST I	REHABILITATI	ON CENTER DULAG	20,179.00	- 11	PERMANENT	Y
01/16/2017	12/31/2017	PSYCHOLOG	ISTI		EALTH - TREATMENT AND ON CENTER DULAG	19,620.00	11	PERMANENT	Y
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SIGNA	ATURE		-4-	,	DATE		and the second second	N/2024 FORM 212 (Revised)	MA 6-

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	/PEOPLE / VO	LUNTARY O	RGANIZATION	/S	的人,我们就是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	The second second	/E DATES d/yyyy) To	NUMBER OF HOURS	Bántokgpiá)	POSITION / NATURE OF WORK		
NEW LIFE TACLOBAN, MARASBARAS, TACLOBAN CITY	04/04/2014	DATE	N/A	regarde 3	CHILDREN'S MINISTRY VOLUNTEER		
A ST ST SERVICE TO							
			Pogrisan ex	a reins the p	16 W (A) JI U J 1990 19 - J - 1 1 - 4		
अंद्रमण क । ने स्री ।							
ON .				1000 P. R. 30/	1870年9月 7月 - Yi 37 0年7月 1994年7月 1日 - 11 日 - 13 日 		
c: II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P	ntinue on separate on ROGRAMS ATT	The state of the s	1	White St.	, and the same of		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Wille in full)	ATTEN	DATES OF IDANCE (d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
nline Training Program for Administration and Facilitators of Intensive Treatment and ehabilitation Program for Residential Treatment and Rehabilitation Centers for Drug	From 01/24/2023	To 02/01/2023	56	Technicaletc)	Department of Health in partnership with Japan International Cooperation Agency (JICA)		
ependents (INTREPRET) ddressing Mental Health Problems Through Motivational Interviewing	11/27/2022	1/27/2022	rothe day	TECHNICAL	Cognescere Psychological Services		
rientation on the Mental Health Act (RA 11036)	08/18/2022	08/18/2022	4	TECHNICAL	National Center for Mental Health - Professional		
eveloping and Implementing a Mental Health Program in Organizations	06/26/2021	06/27/2021	18	TECHNICAL	Education, Training and Research Office Cognescere Psychological Services		
raining on Motivational Interviewing for Coaches and Training on Coaching and Supervision	05/05/2021	06/15/2021	36	TECHNICAL	USAID RenewHealth		
raining Program for DOH-Accreditation for Rehabilitation Practitioners on Drug Dependence	11/18/2019	11/29/2019	80	TECHNICAL	Department of Health - Treatment and Rehabilitation		
creening, Assessment and Management asic Records Management Training and Workshop	11/13/2019	11/15/2019	24	TECHNICAL	Center, Dulag, Leyte Department of Health – Treatment and Rehabilitation		
asic News Writing Training and Workshop	10/23/2019	10/25/2019	24	TECHNICAL	Center, Dulag, Leyte Department of Health – Treatment and Rehabilitation		
priculum 1: Developing a Community-Based Recovery Support System	08/19/2019	-	40	TECHNICAL	Center, Dulag, Leyte JJ Valderama Behavioral Management Center, Davi		
egrated Interpersonal Communication and Counselling for Hospital Service Provider Training	08/13/2019	08/23/2019	32	TECHNICAL	DOH Eastern Visayas Center for Health and		
asic Eye Movement Desensitization and Reprocessing (EMDR) Protocols and Approaches in	02/02/2019	02/04/2019	24	TECHNICAL	Development Eye Movement Desensitization and Reprocessing		
sychotherapy nderstanding Formal Assessment and Training on the Administration, Scoring and	07/24/2017	07/24/2017	8	TECHNICAL	Philippines Psych Systems and Innovation, Inc., Pasig City, Mar		
terpretation of Psychological Tests sychological Association of the Philippines Professional Summit	05/25/2017	05/26/2017	16	TECHNICAL	Psychological Association of the Philippines,		
nerapeutic Community Simulation Training	05/08/2017	05/12/2017	40	TECHNICAL	Dumaguete City Department of Health – Treatment and Rehabilitation		
raining on Alcohol, Smoking, Substance Abuse Involvement Screening Test - Brief Intervention	and animomorphism to the second	02/01/2017	8	TECHNICAL	Center, Dulag, Leyte Department of Health – Treatment and Rehabilitation		
(B-TSISSIST)		020112017		TEGRITORE	Center, Dulag, Leyte		
- regularitat eruntin GI							
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	ontinue on separate	sheet if necessary	γl				
III. OTHER INFORMATION					THE RESERVE OF THE PARTY OF THE PARTY.		
31. SPECIAL SKILLS and HOBBIES 32. NO.	N-ACADEMIC DISTII	NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
alligraphy	NONE						
asic editing and layouting							
eaching biblically-inclined lessons to children							
micee in various programs ROTLAM A EIRE	ANY, MAURELEN OUR LIBER A, MALTOS						
iking asos renew	Apple of Contract						
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and continuity of	ontinue on separate	sheet if necessar	y)				
SIGNATURE		Fara 31	1233300000000	ATE	03/14/2024		

				- 27			
34.	Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has imme- 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				
1		and the state of t	If YES, give details:				
35.	a. Have you ever been found guilty of any administrative	e offense?	☐ YES ☑ NO	-			
ŀ		If YES, give details:					
	b. Have you been criminally charged before any court?		YES / NO				
			If YES, give details:				
		(A tiplicate for the second of	Date Filed:				
1		10 g. 11 l. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Status of Case/s:				
3 6.	Have you ever been convicted of any crime or violation	of any law, decree, ordinance or regulation by	☐ YES ☑ NO	7			
	any court or tribunal?		If YES, give details:				
37.	Have you ever been separated from the service in any	of the following modes: resignation, retirement.	☐ YES ☑ NO	8040)			
	dropped from the rolls, dismissal, termination, end of ter in the public or private sector?						
38.	a. Have you ever been a candidate in a national or loca	l election held within the last year (except	☐ YES ☑ NO				
	Barangay election)?		If YES, give details:				
	 b. Have you resigned from the government service duri election to promote/actively campaign for a national or I 		The second secon				
-			If YES, give details:				
39.	Have you acquired the status of an immigrant or perma	☐ YES ☑ NO If YES, give details (country):					
	LICE YOR ME ASSESS MANUAL SANSERS LICENSES		The second secon				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 85)		er 19. John 2 Indicated and professional and particular, mined to be processed to the				
a.	Are you a member of any indigenous group?	The second secon	The second of th				
	rate you a monuter or any margenous group?		☐ YES ☑ NO If YES, please specify:	3,14			
b.	Are you a person with disability?	6 TIES-1210 MINOSETTO 6	☐ YES ☑ NO If YES, please specify ID No:				
C.	Are you a solo parent?	05094007 0500007 5	YES V NO	200			
ļ.,	and the transfer of the second	(\$ 05/08/07 (\$)	If YES, please specify ID No:	961			
41.	REFERENCES (Person not related by consanguinity or affinity to app	licant /appointee)	1997 (1997)				
	NAME	ADDRESS	TEL. NO.				
FRA	NCIS BRIAN S. PALENCIA, RPm	DOH-TRC DULAG	09566534199				
JLL	ASINI J. PANGAN-ALFEREZ, RN	NEW LIFE TACLOBAN	09061650870				
JULI	IDYN P. BERNIDO, RCh	UNIVERSITY OF SOUTHERN PHILIPPINES	09054933080				
42.	I declare under oath that I have personally accompli	ished this Personal Data Sheet which is a t	rue, correct and				
	complete statement pursuant to the provisions of p	ertinent laws, rules and regulations of the	Republic of the				
	Philippines. I authorize the agency head/authorized rep	presentative to verify/validate the contents state	ed herein.				
	agree that any misrepresentation made in this	document and its attachments shall cause	e the filing of				
	administrative/criminal case/s against me.	participant i maganing aparticipant sarang saganing dalam sarang dalam sarang dalam sarang dalam sarang sarang Sarang sarang saran Sarang sarang saran		\neg			
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PL	LEASE INDICATE ID Number and Date of Issuance	1/100		- 1			
G	overnment Issued ID: UMID	I Huker.					
ID	/License/Passport No.: CRN-021-1692-8404-1	ox)	100				
Da	ate/Place of Issuance: TACLOBAN CITY, LEYTE	Right Thumbmark	70				
		Atty MALIDEEN CHAMPION	MALTON Share Brown No.	2001			
	SUBSCRIBED AND SWORN to before me this	Notary Public until December	ng History assued government ID as indicated above.				
		For Palo, Leyte and Province	of Leyte				
		Notarial Cornaission No. 202					
		Roll No. 79877 May 18, 2 IBP OR No. 369816 11/22/2023; L	evte Chapter				
		PTR No. PL 8879306, 01/02/2024 MCLE Exemplify Administering Car	Palo, Leyte				
	974.0	WCLE Exerusing Control of the Contro	002507				