

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	Gapasin		
FIRST NAME	Ciedelle Honey Lou	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Dimalig		
3. DATE OF BIRTH (mm/dd/yyyy)	05/10/1983	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Ormoc City	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	☐ Male ☒ Female		
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	APARTMENT 74 KILBOURNE STREET House/Block/Lot No. Street VISAYAS STATE UNIVERSITY, BRGY. PANGASUGAN Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	1.58	ZIP CODE	Block 4 Lot 7 Fluvia St. House/Block/Lot No. Street New Camella Homes Tambulliid Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	53.00		
9. BLOOD TYPE	O		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	18. PERMANENT ADDRESS	6541
13. SSS NO.	N/A	19. TELEPHONE NO.	(053) 888-1889
14. TIN NO.	N/A	20. MOBILE NO.	946-526-4972
15. AGENCY EMPLOYEE NO.	V01186	21. E-MAIL ADDRESS (if any)	ciedelle.gapasin@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Gapasin		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Bryan	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	Ranches			
OCCUPATION	Instructor			
EMPLOYER/BUSINESS NAME	Visayas State University			
BUSINESS ADDRESS	Brgy. Pangasugan, VSU, Baybay City, Leyte			
TELEPHONE NO.	09055513040			
24. FATHER'S SURNAME	Dimalig			
FIRST NAME	Felix	NAME EXTENSION (JR., SR) Jr.		
MIDDLE NAME	Bantilan			
25. MOTHER'S MAIDEN NAME	Alonzo			
SURNAME	Dimalig			
FIRST NAME	Marilou			
MIDDLE NAME			(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	Saint Peter's College	Elementary	1989	1995	Completed	1995	N/A
SECONDARY	Saint Peter's College	High School	1995	1999	Completed with	1999	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Silliman University	Bachelor of Science in Nursing	2002	2006	completed	2006	N/A
GRADUATE STUDIES	Southwestern University	Master of Arts in Nursing (Major in Medical Surgical Nursing)	2008	2009		2009	N/A
PLEASE SEE ATTACHMENT A							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		05/02/2024		

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	Southwestern University	Doctor of Education	2011	2013	Completed	2013	
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		05/02/2024		

VI. VOLUNTARY WORK OR INVOLEMENT 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		
	Gawad Kalinga Community Development Inc. Brgy. Tambullid, Ormoc City, Leyte	11/26/2012	PRESENT	241	Provincial Management Team- Health
	Saint Benedict Socio-Pastoral Center Cataag St., Ormoc City, Leyte	11/06/2012	12/31/2014	242	Lecturer
	Saint Peter and Paul Lectors Ministry Cataag St., Ormoc City, Leyte	10/08/2007	03/31/2019	242	Lector
	Philippine Red Cross San Pablo St., Ormoc City, Leyte	10/01/2007	12/19/2008	76	ERT/ Lecturer

(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			
	Public Health Nurses Championing Social Determinants of Health Towards Achieving Health Equity	04/25/2024	04/26/2024	16	Managerial	NAPHNI, UP Manila College of Nursing
	Feminist Participatory Action Research Training	02/12/2024	02/13/2024	16	Research	Filipino Nurses United
	Skills for Mental Health Trainers	01/28/2024	01/28/2024	3	Managerial	AHA Psychological Services
	Psychological First Aid Master Class	01/21/2024	01/21/2024	3	Managerial	AHA Psychological Services
	Inclusive Pathways: Tailoring Education to Special Needs and Disabilities	01/19/2024	01/21/2024	12	Managerial	Greater Good Achievers Training and Development Services
	Psychological First Aid Entry Level	01/14/2024	01/14/2024	3	Managerial	AHA Psychological Services
	Mental Health First Aid for People with Suicidal and Self-Harming Tendencies	01/07/2024	01/07/2024	3	Managerial	AHA Psychological Services
	Basic Occupational Safety and Health Training Course	10/16/2023	10/27/2023	80	Technical	UP MANILA
	Enhancing the Research Competencies of Public Health Nurses	09/16/2023	09/16/2023	5	Technical	NATIONAL ASSOCIATION OF PUBLIC HEALTH NURSES, UNIVERSITY OF THE PHILIPPINES MANILA COLLEGE OF NURSING
	4th Biennial International Conference on Nursing Education, Practice and Research: Force For Global Health	07/06/2023	07/07/2023	16	Technical	Nurse Educators and Practitioners Guild
	Basic Health Promotion Course	05/15/2023	05/26/2023	80	Managerial	University of the Philippines Manila
	THE 12TH TRADITIONAL AND ALTERNATIVE HEALTH CARE CONGRESS	11/26/2022	11/27/2022	16	Instruction	Philippine Institute of Traditional and Alternative Health Care
	Plagiarism in Academic Research	05/15/2022	05/25/2022	44	Technical	Lalatendu Bidyadhara Kumar Barik
	Emerging Pathways in Nursing Science	05/06/2022	05/06/2022	4	Technical	Saint Louis University School of Advanced Studies
	Paraphrasing, Summarizing, Quoting Effectively	05/04/2022	05/04/2022	4	Technical	Far Eastern University
	Ethics and Cultural Competence	04/01/2022	04/01/2022	5	Instruction	West Visayas State University
	Transcending Inequity: Discoveries, Inventions and Innovations in Challenging Times	03/02/2022	03/02/2022	5	Technical	National Institute of Health, UP Dilliman

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		N/A		National Association of Public Health Nurses
					Nurse Educators Practitioners Guild, Inc.
					Filipino Nurses United
					Philippine Nurses Association

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05/02/2024
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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? b. within the fourth degree (for Local Government Unit - Career Employees)?			☐ YES☐ NO ☐ YES☐ NO If YES, give details: _____													
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?			☐ YES☐ NO If YES, give details: _____ ☐ 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)? 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: _____ ☐ 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? b. Are you a person with disability? c. Are you a solo parent?			☐ 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 /appointee) <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Ashdel D. Artes</td><td>Rizal Ext. Ormoc City, Leyte</td><td>09272861612</td></tr><tr><td>Sr. Edita E. Osb</td><td>Pambujan, Northern Samar</td><td>09399083013</td></tr><tr><td></td><td></td><td></td></tr></table>					NAME	ADDRESS	TEL. NO.	Ashdel D. Artes	Rizal Ext. Ormoc City, Leyte	09272861612	Sr. Edita E. Osb	Pambujan, Northern Samar	09399083013			
NAME	ADDRESS	TEL. NO.														
Ashdel D. Artes	Rizal Ext. Ormoc City, Leyte	09272861612														
Sr. Edita E. Osb	Pambujan, Northern Samar	09399083013														
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.			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 Right Thumbmark													
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A		Signature (Sign inside the box) 05/02/2024 Date Accomplished														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath																