CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

	nade in the Personal Data Sheet and the Work Experi LLING OUT THE PERSONAL DATA SHEET (PDS) BE			ve/criminal ca	ase/s against t	the person concern	ed.	
Print legibly. Tick appropriate boxes	s ( ) and use separate sheet if necessary. Indicate			ATE.	1. CS ID No.		(Do not fill up. F	or CSC use only)
I. PERSONAL INFORMATIC	)N							
2. SURNAME	Gapasin							
FIRST NAME	Ciedelle Honey Lou					NAME EXTENSION (JI	R., SR) N/A	
MIDDLE NAME	Dimalig							
3. DATE OF BIRTH (mm/dd/yyyy)	05/10/1983	16. CITIZENSHIP	✓ Filipino [		pino	Dual Citizenship	by naturalization	
4. PLACE OF BIRTH	Ormoc City	If holder of dual citizen	nship,			Pls. indicate of	ountry:	
5. SEX	☐ Male	please indicate the de	etails.	Philippines				
6. CIVIL STATUS	Single  Married	17. RESIDENTIAL ADDRESS	AP	PARTMENT 74	ļ	KILB	T	
	Widowed Separated Other/s:		House/Block/Lot No. VISAYAS STATE UNIVERSITY, BRO PANGASUGAN Subdivision/Village		ITY, BRGY.		Street Barangay	
7. HEIGHT (m)	1.58		Ci	ty/Municipality	,		Province	
8. WEIGHT (kg)	53.00	ZIP CODE						
9. BLOOD TYPE	0	18. PERMANENT ADDRESS		Block 4 Lot 7 se/ <i>Block/Lot N</i>	lo.		Fluvia St. Street	
10. GSIS ID NO.	N/A			Camella Homo			Tambulilid Barangay	
11. PAG-IBIG ID NO.	N/A		ORMOC CITY  City/Municipality		,			
12. PHILHEALTH NO.	N/A	ZIP CODE				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 CH	ILDREN (Writ	te full name an	d list all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	Bryan	NAME EXTENSION (JR., SR)		ı	N/A		N/A	
MIDDLE NAME	Ranches							
OCCUPATION	Instructor							
EMPLOYER/BUSINESS NAME	Visayas State Univer	rsity						
BUSINESS ADDRESS	Brgy. Pangasugan, VSU, Bayb	ay City, Leyte						
TELEPHONE NO.	09055513040							
24. FATHER\'S SURNAME	Dimalig	hung Everyolon (ID, op)						
FIRST NAME	Felix	NAME EXTENSION (JR., SR) Jr.						
MIDDLE NAME	Bantilan							
25. MOTHER\'S MAIDEN NAME	Alonzo							
SURNAME	Dimalig							
FIRST NAME	Marilou		0.0			and about if access		
MIDDLE NAME  III. EDUCATIONAL BACKG	ROUND			(C	ontinue on sep	parate sheet if neces	sary)	
26.		DACIC EDUCATION/DECOS	EICOURCE	PERIOD OF A	ATTENDANCE	HIGHEST	\ <u></u>	SCHOLARSHIP/
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	From	To	LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
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 / TDADE COLIDOS	-					•		1
VOCATIONAL/ TRADE COURSE COLLEGE	N/A	Bachelor of Science in N	ursing	2002	2006	completed	2006	N/A
COLLEGE	N/A Silliman University	Bachelor of Science in N Master of Arts in Nursing (Major in		2002	2006	completed	2006	N/A N/A
	N/A		Medical Surgical	2002 2008	2006 2009	completed	2006 2009	N/A N/A
COLLEGE	N/A Silliman University Southwestern University	Master of Arts in Nursing (Major in Nursing)	Medical Surgical			completed		

## Attachment A

III. EDUCATIONAL BACKGF	ROUND						
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/UNITS	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
22722	(Write in full)	(Write in full)	From	То	EARNED (if not graduated)		
GRADUATE STUDIES	Southwestern University	Doctor of Education	2011	2013	Completed	2013	
	(C	ontinue on separate sheet if necessary)	•	,	•		,
SIGNATURE			<b>DATE</b> 05/02/2024				

IV. CIVIL	SERVICE I	ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING	DATE OF	ATION / CONFEE		LICENSE (if applicable)		
ВА		AWS/ CES/ CSEE ILITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN.	ATION / CONFER	RMENT	NUMBER	Date of Validity
	Nurse Lice	nsure Exam		N/A	Cel	bu City		0460500	N/A
	Licensure Exa	ım for Teachers		N/A	Cel	bu City		1201023	N/A
CAREER S	SERVICE PROF	ESSIONAL EXAMINATION		N/A	Taclobar	n City, Leyte		N/A	N/A
V WORK	EXPERIEI	NCE		(Continue on separate she	eet if necessary)				
		ent. Start from your recent	work) Descripti	ion of duties should b	oe indicated in the attached	d Work Exper	ience sheet.		
	JSIVE DATES m/dd/yyyy)	POSITION TITL (Write in full/Do not ab			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format"00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	To			\ \frac{1}{2}			INCREMENT		
04/01/2023	12/31/2023	Instructor I			State University	29,449.00	12-2	Permanent	Y
01/01/2023	03/31/2023	Instructor I			State University	29,165.00	12-1	Permanent	Y
06/03/2022		Instructor I			State University State University	27,608.00	12-1	Permanent Temporary	Y
01/01/2022	12/31/2022	Instructor I			State University	26,052.00	12-1	Temporary	Y
01/01/2021	12/01/2022	Instructor I			State University	26,052.00	12-1	Temporary	Y
04/01/2020	12/31/2020	Instructor I			State University	24,495.00	12-1	Temporary	Y
07/02/2015	05/20/2016	COMMUNITY HE NURSE/TRAINOR/RES		-	NT BENEDICT SOCIOPASTORAL CENTER		-	Part-Time	N
03/20/2015	05/15/2015	SENIOR HIGH SCHOOL (		SAINT PE	SAINT PETER'S COLLEGE		-	Part-Time	N
06/14/2014	01/22/2015	SCHOOL NURSE APO	DSOLATE	SAINT SCHOLASTI	CA'S ACADEMY MARIKINA	5,000.00	-	Temporary	N
09/12/2013	03/30/2014	COLLEGE INSTRU	ICTOR	SAINT PE	TER'S COLLEGE	7,500.00	-	Part-Time	N
01/02/2009	08/11/2013	NURSING CLINICAL IN	STRUCTOR	SAN LOREN	ZO RUIZ COLLEGE	15,500.00	-	Permanent	N
01/04/2008	09/30/2008	NURSING CLINICAL IN	STRUCTOR	VISAYAS S	TATE UNIVERSITY	19,200.00	-	Part-Time	N
				(Continue on separate she	eet if necessary)				
SIGNA	ATURE			, , , , , , , , , , , , , , , , , , , ,	DATE		05/02/	2024	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF ORI (Write in full)		INCLUSIV	/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK		
Gawad Kalinga Community Deve	lopment Inc.	From 11/26/2012	To PRESENT	241		Provincial Management Team- Health		
Brgy. Tambulilid, Ormoc City Saint Benedict Socio-Pastora	<u> </u>							
Cataag St., Ormoc City, L Saint Peter and Paul Lectors	•	11/06/2012	12/31/2014	242		Lecturer		
Cataag St., Ormoc City, L Philippine Red Cross	eyte	10/08/2007	03/31/2019	242		Lector		
San Pablo St., Ormoc City,		10/01/2007	12/19/2008	76		ERT/ Lecturer		
		(Continue on separat	e 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)			DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
Public Health Nurses Championing Social Determinants of He	ealth Towards Achieving Health Equity	04/25/2024	04/26/2024	16	Managerial	NAPHNI, UP Manila College of Nursing		
Feminist Participatory Action Resea	rch Training	02/12/2024	02/13/2024	16	Research	Filipino Nurses United		
Skills for Mental Health Trai	ners	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 Spec	al 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 an	d 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  NATIONAL ASSOCIATION OF PUBLIC HEALTH NURSES.		
Enhancing the Research Competencies of R		09/16/2023	09/16/2023	5	Technical	UNIVERSITY OF THE PHILIPPINES MANILA COLLEGE OF NURSING		
4th Biennial International Conference on Nursing Education, Pr Health	actice and Research: Force For Global	07/06/2023	07/07/2023	16	Technical	Nurse Educators and Practitioners Guild		
Basic Health Promotion Co	urse	05/15/2023	05/26/2023	80	Managerial	University of the Philippines Manila		
THE 12TH TRADITIONAL AND ALTERNATIVE HI	EALTH CARE CONGRESS	11/26/2022	11/27/2022	16	Instruction	Philippine Institue of Traditional and Alternative Health Care		
Plagiarism in Academic Res	earch	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, Quotin	g Effectively	05/04/2022	05/04/2022	4	Technical	Far Eastern University		
Ethics and Cultural Compet	ence	04/01/2022	04/01/2022	5	Instruction	West Visayas State University		
Transcending Inequity: Discoveries, Inventions and In	novations in Challenging Times	03/02/2022	03/02/2022	5	Technical	National Institute of Health, UP Dilliman		
		PLEASE SEE A						
VIII. OTHER INFORMATION		(Continue on separat	e sheet if necessary,					
31. SPECIAL SKILLS and HOBBIES	32. NO	DN-ACADEMIC DIS' (W	TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
Community Organizing	Promising	g Ongoing Resear	ch (Professional (	Category)		National Association of Public Health Nurses		
First Aid	Outstand	ing in the Teachin	g Performance E	valuation		Nurse Educators Practitioners Guild, Inc.		
Therapeutic Massage	Therapeutic Massage					Filipino Nurses United		
Health Services					Philippine Nurses Association			
SIGNATURE		(Continue on separat	e sneet if necessary		\TE	05/02/2024		
SIGNATURE				DF	N/E	U5/U2/2U24 CS FORM 212 (Revised 2017), Page 3 of 4		

Attachment B.1								
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/		INCLUSIVE ATTEN (mm/de	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
Mental Health Matters. You Matter		02/22/2022	02/22/2022	5	Instruction	Philippine Nurses Association		
PNAA Nurse Balik-Turo 2022		01/31/2022	01/31/2022	4	Instruction	Philippine Nurses Association		
Innovative Breakthrough in Food Technology, Health and	Nutrition	01/18/2022	01/18/2022	5	Instruction	Department of Science and Technology		
NURSING WORLD TO HEALTH: PHILIPPINE NURSES ASSOCIAT	ION CONVENTION	10/20/2020	10/22/2020	24	Technical	PHILIPPINE NURSES ASSOCIATION		
PEER REVIEWER TRAINING		10/01/2020	10/03/2020	16	Research	Yawman Research and Training		
WORKSHOP ON QUALITATIVE ANALYSIS SOFTWARE: GENER	AATING THEMES	09/28/2020	09/28/2020	8	Research	AFFIRM Center for Research and Professional Learning		
WORKSHOP ON QUALITATIVE ANALYSIS SOFTWARE: BASIG	CS OF CODING	09/25/2020	09/25/2020	8	Research	AFFIRM Center for Research and Professional Learning		
SECOND NATIONAL NURSING RESEARCH WEBIN	IAR	09/25/2020	09/25/2020	4	Research	BETA NU DELTA NURSING SOCIETY		
	(Co	entinue on separate s	theet if necessary)					
SIGNATURE					DATE	05/02/2024		

34.	Are you related by consanguinity or affinity to the apportune the chief of bureau or office or to the person who has in Office, Bureau or Department where you will be appportune a. within the third degree?  b. within the fourth degree (for Local Government Unit	☐YES ☐YES If YES, give details:	□NO □NO			
35.	a. Have you ever been found guilty of any administrati	YES If YES, give details:	NO			
	b. Have you been criminally charged before any court	TYES If YES, give details: Date Filed: Status of Case/s:	□NO			
36.	Have you ever been convicted of any crime or violation regulation by any court or tribunal?	☐YES If YES, give details:	NO			
37.	Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, terminati phased out (abolition) in the public or private sector?	YES If YES, give details:	NO			
38.	a. Have you ever been a candidate in a national or loc (except Barangay election)?	al election held within the last year	TYES  If YES, give details	NO s:		
	b. Have you resigned from the government service dulast election to promote/actively campaign for a nation		TYES  If YES, give details	NO s:		
39.	Have you acquired the status of an immigrant or perm	☐YES ☐NO If YES, give details (country):				
a.	Pursuant to: (a) Indigenous People\'s Act (RA 8371); (7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 Are you a member of any indigenous group?		YES  If YES, please specif	· — -		
	Are you a person with disability?  Are you a solo parent?		If YES, please specif	NO		
41.	REFERENCES (Person not related by consanguinity or affinity to approximately to approximately approx	oplicant /appointee)				
	NAME	ADDRESS	TEL. NO.		ID picture taken within	
	Ashdel D. Artes	Rizal Ext. Ormoc City, Leyte	09272861612		the last 6 months 3.5 cm x 4.5 cm (passport size)	
	Sr. Edita E. Osb	Pambujan, Northern Samar	09399083013		With full and handwritten name tag and signature over printed name	
42.	I declare under oath that I have personally accomplise complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized reagree that any misrepresentation made in this deadministrative/criminal case/s against me.	rtinent laws, rules and regulations of the presentative to verify/validate the contents	Republic of the stated herein. I		Computer generated or photocopied picture is not acceptable	
e	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, Ic.) PLEASE INDICATE ID Number and Date of Issuance Covernment Issued ID: N/A					
	D/License/Passport No.: N/A	box)				
	Pate/Place of Issuance: N/A	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exl	nibiting his/her validly iss	sued goveri	nment ID as indicated above.	
		ath				