

RESUME FOR OUR LADY'S CHILDREN'S HOSPITAL
NURSING APPLICANTS -
INSTRUCTIONS FOR COMPLETION

The format presented here must not be amended by applicants and only a printed A4 size resume is accepted. Please mark all non-applicable items 'N/A'. Dates must be stated as follows: 08 March 2012, not 03/08/2012; February 2013, not 02/2013.

Please place here a recently taken 2"x2" photograph with white open neck shirt with collar (for male), and white open neck blouse with collar, with hair tied up in a bun (for female), white background.

PERSONAL INFORMATION

Name :
 Current Address :
 Mobile Number :
 E-mail Address :
 Skype ID :
 Age :
 Date of Birth :
 Civil Status :
 Sex :

Your name must be stated precisely as on your passport - Family Name, First Name and Middle Name(s).

EDUCATION

MASTERS

Degree :
 Name of University :
 Full Address :
 Period Attended : From Month/Year to Month/Year
 Date of Graduation : Day/Month/Year

If you have begun, but not completed a Master's Degree, the number of units earned must be stated.

COLLEGE

Diploma :
 Name of University :
 Full Address :
 Period Attended : From Month/Year to Month/Year
 Date of Graduation : Day/Month/Year
 Honor :

Note:
 Every educational institution you have attended for your Elementary, High School and College education must be listed in this section.

Diploma :
Name of University :
Full Address :
Period Attended : From Month/Year to Month/Year
Date of Graduation : Day/Month/Year
Honor :

Diploma :
Name of University :
Full Address :
Period Attended : From Month/Year to Month/Year
Date of Graduation : Day/Month/Year
Honor :

SECONDARY

Name of School :
Full Address :
Period Attended : From Month/Year to Month/Year

Name of School :
Full Address :
Period Attended : From Month/Year to Month/Year

Name of School :
Full Address :
Period Attended : From Month/Year to Month/Year

ELEMENTARY

Name of School :
Full Address :
Period Attended : From Month/Year to Month/Year

Name of School :
Full Address :
Period Attended : From Month/Year to Month/Year

Name of School :
Full Address :
Period Attended : From Month/Year to Month/Year

LICENSING/CERTIFICATION

Philippine Nursing License

PRC ID No.:

Date of Issue of first PRC license - Day/Month/Year:

Date of Expiration of current license - Day/Month/Year:

Other Licenses

Title:

License No.:

Date of Issue:

Date of Expiration:

Title:

License No.:

Date of Issue:

Date of Expiration:

Title:

License No.:

Date of Issue:

Date of Expiration:

ORGANIZATIONAL AFFILIATIONS

Name:

Name:

Name:

For example:
Philippine Nursing Association

IELTS SUMMARY:

Type of Test:

Date of Test:

Overall Test Score:

Listening Score:

Reading Score:

Writing Score:

Speaking Score:

Note:

1. For Ireland, the Academic IELTS test and the UKVI Academic IELTS test are both accepted by the NMBI, with the following minimum scores required in either test - 6.5 in Listening; 6.5 in Reading; 7.0 in Writing and 7.0 in Speaking.
2. If you are holding a current IELTS test result which meets the minimum requirements, please place your overall score, your individual component scores and the date of the test here.
3. If your IELTS test scores do not meet the minimum requirements, or if they have expired, please do not place them on your resume. Instead simply enter N/A.
4. Do not place any other IELTS information here, such as a date set to take the IELTS test.

HISTORY FROM THE PRESENT DATE DOWN TO THE DATE OF GRADUATION

This section of your resume must be very carefully completed and must include the **full** period from the present date down to your date of graduation, in strict chronological order. **You must include your hospital working experience in the precise format below**, but all non-hospital work experience may simply be stated as follows, for example: "21 March 2012 to 30 May 2013 - -Worked in the ABC call center". **No period of time can be left unexplained.** For example, "21 June 2014 to 15 August 2014 - stayed at home to look after my sick grandmother".

Name of Hospital:
Full Address:
Brief Description of Hospital:

Note:
The description of the hospitals you have worked in should not be more than six lines and **must include** the number of **officially authorized** beds.

Note:

List the precise positions held from (Day/Month/Year) to (Day/Month/Year)

For example:

Full time position	From - Present	Staff Nurse-ICU
Contractual	From – To	Staff Nurse-Medical/Surgical
Probationary	From – To	Rotating in Medical/Surgical; Pediatrics/ER, etc.
Volunteer	From – To	Must be full time experience Only. If not full time, it should be briefly mentioned in the 'Explanation of Gaps' section.

In this section, include a brief description of your ward/unit (including the number of beds), from each of your nursing employment experiences, but each description must not exceed six lines.

Note:

1. This section must include the gap between the date of graduation and your first nursing job (volunteer, contractual, probationary or full time)
2. Gaps between employments should also be placed here.
3. This section should also include nursing volunteer work which was not full time.
4. This section should also include all non-nursing employment experiences.
5. This section should also include any periods of nurse training.

For example:

October 2011 –	Underwent on-the-job training at ABC Hospital.
June - August 2011 -	Attended IV Therapy Training and applied to the various hospitals
27 September 2010	Nursing license issued
July - September 2010 -	Awaiting release of nursing license
June 2010	Undertook the Nursing Licensure Examination
April – June 2010 -	Reviewed for the Philippine Nurse Licensure Examination
27 March 2010	Date of Graduation

CASES HANDLED - ONE SUMMARY FROM ALL EMPLOYMENT EXPERIENCES

Note:

Maximum of half a page and must be very precise regarding the specific pediatric cases you have managed.

EQUIPMENT HANDLED - ONE SUMMARY FROM ALL EMPLOYMENT EXPERIENCES

Note:

Maximum of half a page and should be related to the specific cases handled.

TRAINING/SEMINARS

Title:

Date:

Title:

Date:

Title:

Date:

Note:

1. This list should not take up more than half a page and must be focused on the most relevant seminars/training, especially for the past two years.
2. Only the title and date(s) of the seminar/training should be listed, but not the details of the venue or the moderator/speaker.
3. This section should include any hospital pre-employment training.

PROFESSIONAL / ACADEMIC REFERENCES

Name:

Title:

Name of Hospital:

Landline No.:

Mobile No.:

E-mail Address:

Name:

Title:

Name of Hospital:

Landline No.:

Mobile No.:

E-mail Address:

Note:

A nursing management/supervisory reference is required from each of your two most recent employers, including your current employer. If you have had only one nursing employer, both nursing references should come from that employer. If you have had less than 3 years total nursing experience (including any probationary period, but excluding training), one nursing supervisory reference from your current employer and one college reference is required.

HR REFERENCE – CURRENT EMPLOYER

Name:
Title:
Name of Hospital:
Landline No.:
Mobile No.:
E-mail Address:

Note:

This reference is from your current employer and if this person is also your VOS contact, his/her details must be also entered below, under VOS contact(s).

VERIFICATION OF SERVICE 'VOS' CONTACT(S)

Name:
Title:
Name of Hospital:
Landline No.:
Mobile No.:
E-mail Address:

Note:

This is the process by which your employing hospital can verify your years of service to ensure that you are placed on the correct salary. Should be the HR Manager or equivalent for each relevant employer. If not, an explanation must be stated, below the VOS contact details. Can be the same person listed as your HR reference, or can be another contact.

Name:
Title:
Name of Hospital:
Landline No.:
Mobile No.:
E-mail Address: