

**RESUME FOR HERTFORDSHIRE PARTNERSHIP UNIVERSITY
FOUNDATION NHS TRUST MENTAL HEALTH 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 males) and white open neck blouse with collar and long hair tied up in a bun (for females), with 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).

Your e-mail address must include your First Name and Family Name.

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 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: UKVI Academic IELTS

Date of Test:

Overall Test Score:

Listening Score:

Reading Score:

Writing Score:

Speaking Score:

Note:

1. Only the UKVI Academic IELTS is accepted for the UK.
2. If you are holding a current UKVI Academic 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.

HOSPITAL WORK EXPERIENCE

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

Note:
The description of the hospital should not be more than six lines and must include the number of **officially authorized** beds.

Note:

List here 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 placed in the 'Explanation of Gaps' section.

You may place a brief job description from each of your nursing employment experiences in this section, but each description must not exceed six lines.

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

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

CASES HANDLED - ONE SUMMARY FROM ALL EMPLOYMENT EXPERIENCES

Note:

Maximum of half a page and should be focused on acuity/frequency.

EQUIPMENT HANDLED - ONE SUMMARY FROM ALL EMPLOYMENT EXPERIENCES

Note:

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

EXPLANATION OF GAPS

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:

May- November 2010 -	Reviewed the Philippine Nurse Licensure Examination
January- February 2011 -	Awaiting release of board examination results
March – May 2011 -	Awaiting release of nursing license from the Professional Regulation Commission
June- August 2011 -	Attended IV Therapy Training and applied to the various hospitals.
September 2011 -	Took the qualifying examination for nurses at ABC Hospital

TRAINING/SEMINARS

Title:

Date:

Title:

Date:

Title:

Date:

Note:

1. This list should not occupy more than $\frac{3}{4}$ of a page and must be focused on the most relevant seminars/training undertaken, especially for the past two years.
2. The title and date(s) of the seminar/training should be listed but not the venue or the moderator/speaker

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:

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

Name of Character Reference:
Title:
Mobile No.:
E-mail Address:

Note: Nursing management/supervisory references are required from current/previous employers, covering the last three years of employment. If you have had only one employer for the past three years or more, one reference will be required from that employer. If you have had two or more employers in the past three years, a separate reference will be required from each individual employer.

If for part or all of the previous three-year period you were involved in full time education, a reference will be required from your academic institution, covering the period of such full-time education.

If you have any gaps in employment during the past three years, as indicated in the 'Explanation of Gaps' section above, which are not accounted for by your nursing employment or academic references, then a character reference is also required from a person not related to you, who must have known you for past five years, be of good standing in the community and not be in a financial relationship with you.

The character reference must state how many years this person has known you and should briefly detail your good character. The reference can be sent to the employer, by e-mail, by the person providing the character reference, or placed on letterhead, signed and mailed directly to the employer.

WORK E-MAIL ADDRESSES MUST BE PROVIDED FOR ALL PROFESSIONAL/ACADEMIC REFERENCE CONTACTS. IF THIS IS NOT POSSIBLE, THE REFERENCE ITSELF MUST BE SIGNED BY HAND AND STAMPED WITH THE ORGANIZATION'S OFFICIAL STAMP.