

**RESUME FOR THE ROYAL NATIONAL ORTHOPAEDIC
HOSPITAL 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).

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 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:

For NMC registration, the minimum Academic IELTS test scores required are 7.0 in listening, 7.0 in reading, 7.0 in writing and 7.0 in speaking. This can be achieved over two sittings of the tests. The NMC still requires applicants to achieve 7.0 in all areas, but both tests must be taken within six months of each other and no single score must be below 6.5 in any of the areas across both tests.

For UK 'Tier Two' visa purposes, the minimum UKVI Academic IELTS test scores required are 4.0 in each of the above four categories.

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.

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.

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 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.

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, 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.
3. This section should include any hospital pre-employment training.

PROFESSIONAL/ACADEMIC/CHARACTER 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.