

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

The format presented here must not be amended by applicants, except to add additional information 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. Please add additional sections as required, for example, an additional Elementary school.

SECONDARY

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

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 License:

Title:

License No.:

Date of Issue:

Date of Expiration:

ORGANIZATIONAL AFFILIATIONS

Name:

Name:

Name:

For example:
Philippine Nursing Association

IELTS/OET 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. The OET is also accepted by the NMBI, provided that the following minimum scores are achieved - 'B' in Writing and Speaking 'C+' in Listening and Reading.
3. If you are holding a current IELTS/OET test result which meets the minimum requirements, please place your overall score, your individual component scores and the date of the test here.
4. If your IELTS/OET 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.
5. Do not place any other IELTS/OET information here, such as a date set to take a test.

NMBI REGISTRATION STATUS

Please tick the relevant box in the Word Formatted resume to indicate your NMBI Status. The "Awaiting Decision Letter" box can only be ticked if you have fully completed the NMBI process.

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 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.

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:

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

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: