

## **RESUME FOR TRINITY CARE 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"x 2" 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 – an overall score of 7.0 with a minimum of 7.0 in any three components and 6.5 in any one component.
2. The OET is also accepted by the NMBI, provided that the following minimum scores are achieved – Grade ‘B’ in three components and Grade ‘C+’ in one component.
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 the NMBI has acknowledged to you that you have submitted to it all of the required documentation for a Decision Letter assessment. Please also provide a listing of the specific documentation still required by the NMBI, if applicable.

## 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/organization 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/Organization:

Full Address:

Brief Description of Hospital/Organization:

### 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.

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 1., below.

### 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.
January - February 2011:	Took the qualifying examination for nurses at ABC Hospital.
June - August 2011:	Awaiting release of nursing license from the Professional Regulation Commission.
June 3 & 4 2010:	Passed the Nurse Licensure examinations
March - June 2010:	Reviewed for the Philippine Nurse Licensure examinations

**OVERSEAS NURSING EXPERIENCE:** If you have worked as a nurse overseas, you will need to show that you had a valid license to practice in the concerned host location(s).

## CASES HANDLED - ONE SUMMARY FROM ALL EMPLOYMENT EXPERIENCES

**Note:**

Maximum of half a page, using bullet points and must be very precise regarding the types of conditions/diseases managed, with the emphasis being placed on acuity and frequency.

## EQUIPMENT HANDLED - ONE SUMMARY FROM ALL EMPLOYMENT EXPERIENCES

**Note:**

Maximum of half a page, using bullet points and should be related to the conditions/diseases managed.

## 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 pre-employment courses /seminars attended.

## 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:

### **IMPORTANT NOTE REGARDING THE AUTHENTICITY OF THE INFORMATION YOU PLACE ON YOUR RESUME:**

**Please note that any significant information placed on your resume which is subsequently determined not to be an authentic and accurate representation of your qualifications, your precise training or your precise experience, will result in the immediate cancellation of your application.**

REF: CRI/DFR/TC-RI/03 JULY2022