

**RESUME FOR CUH 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 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).

**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 : Honor

**Note:**  
Every educational institution you have attended for your Elementary, High School and College 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:

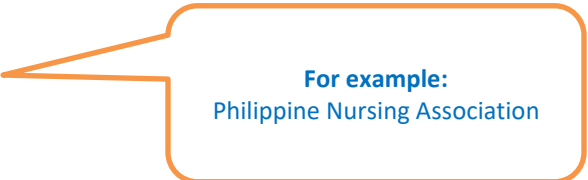
Date of Expiration:

**ORGANIZATIONAL AFFILIATIONS**

Name:

Name:

Name:



**For example:**  
Philippine Nursing Association

**IELTS/OET RESULTS (MINIMUM REQUIRED SCORES: IELTS - 7 IN LISTENING, SPEAKING, READING AND 6.5 IN WRITING; OET - B IN LISTENING, SPEAKING, READING AND C+ IN WRITING):**

Type of Test:

Date of Test:

IELTS Overall Test Score:

Listening Score:

Reading Score:

Writing Score:

Speaking Score:

## CBT STATUS

CBT passed:

Yes

No

## 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.

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

**For example:**

Full time position	From - Present:	Staff Nurse-Medical/Surgical
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.

## TRAINING/SEMINARS

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

Title:

Date:

Title:

Date:

## PROFESSIONAL REFERENCES

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.

Name:

Title:

Name of Hospital:

Landline No.:

Mobile No.:

E-mail Address: