|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Nam** |  | | | | |
| **First Name** |  | | | | |
| **Date of Birth** | DD.MM.YYYY | **Place of Birth** | | City/Province | |
| **Civil Status** | Single  Married | | **Sex** | Female  Male | |
| **Children (ages)** |  | | | | |
| **Landline** |  | | **Cellphone** | |  |
| **Email Address** |  | | | | |
| **Skype ID** |  | | | | |
| **Home Address** |  | | | | |
| **Present Location** |  | | | | |

Paste passport-

photo here

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATIONAL BACKGROUND** | | | |
| **Bachelor of Science in Nursing,** mm.yyyy – mm.yyyy | | | |
| Name of University: | | | |
| Location: | | | |
| Average Grade/Mark in the last year: | | | |
| **High School** (Secondary), mm.yyyy – mm.yyyy | | | |
| Name of High School: | | | |
| Location: | | | |
| **Elementary** (Primary), mm.yyyy – mm.yyyy | | | |
| Name of High School: | | | |
| Location: | | | |
| **CREDENTIALS & CERTIFICATIONS** | | | |
| **Philippine Nurse Licensure Examination (if available)** | | | |
| Month, year realeased – month, year expires | | Board Rating: | |
| **Training Name/Title,** dd.mm.yy-dd.mm.yy | | | |
| **Organizer:** | | | |
| **Location:** | | | |
| **Description:** | | | |
| **-** state here a brief description/content of the training **-**  **-** | | | |
| **Training Name/title,** dd.mm.yy-dd.mm.yy | | | |
| **Organizer:** | | | |
| **Location:** | | | |
| **Description:** | | | |
| **-** state here a brief description/content of the training  -  - | | | |
| **Training Name/title,** dd.mm.yy-dd.mm.yy | | | |
| **Organizer:** | | | |
| **Location:** | | | |
| **Description:** | | | |
| **-** state here a brief description/content of the training **-**  **-** | | | |
| **COMPUTER SKILLS** | | | |
| -MS Office (Word, Excel, Power Point, Outlook…) | | | |
| - other softwares (f.ex documentation softwares…) | | | |
|  | | | |
| -etc | | | |
| **LANGUAGE SKILLS** | | | |
| English: Basic Level Business Level - Good Very Good Excellent | | | |
| Pilipino: mother tongue | | | |
| German: A1 A2 B1 B2 C1 -  going on none certified | | | |
| other Languages: Basic Level Business Level - Good Very Good Excellent | | | |
| **HOBBIES** | | | |
| **-** | | | |
| **-** | | | |
| **-** | | | |
| **-** | | | |
| **EMPLOYMENT PREFERENCE** | | | |
| Set-up:  Hospital  Senior/Nursing Home  Rehabilitation Clinic  Out Patient  No Preference | | | |
| Department: | | | |
| Location:  Big City  Medium/Small City  Province  Village  No Preference | | | |
| **DRIVING LICENSE** | | | |
| -Philippine driving licence, category - expiry date: month year | | | |
| **REFERENCES** | | | |
| Name: | | | |
| Positon: | | | |
| Company: | | | |
| Location: | | | |
| Telephone Number: Email: | | | |
| Name: | | | |
| Positon: | | | |
| Company: | | | |
| Location: | | | |
| Telephone Number: : Email: | | | |
| Name: | | | |
| Positon: | | | |
| Company: | | | |
| Location: | | | |
| Telephone Number: : Email: | | | |
| **CONTACT PERSON/S IN CASE OF EMERGENCY** | | | |
| Name: |  | |  |
| Relationship: |  | |  |
| Address: |  | |  |
| Tel. Nos.: |  | |  |
| Email: |  | |  |
| **What motivates you to apply for the Nurse Training Program in Germany?** | | | |
|  | | | |
| **Work Experience, if any (volunteer jobs, on the job training, as student nurse…)** | | | |
| **Position:** xxxxxxx , start date-end date (mm.dd.yyyy-mm.dd.yyyy) | | | |
| **Employer:** | | | |
| **Department:** | | | |
| **Description of Work:** | | | |
| **Position:** xxxxxxx , start date-end date (mm.dd.yyyy-mm.dd.yyyy) | | | |
| **Employer:** | | | |
| **Department:** | | | |
| **Description of Work:** | | | |
| **Position:** xxxxxxx , start date-end date (mm.dd.yyyy-mm.dd.yyyy) | | | |
| **Employer:** | | | |
| **Department:** | | | |
| **Description of Work:** | | | |
| **Position:** xxxxxxx , start date-end date (mm.dd.yyyy-mm.dd.yyyy) | | | |
| **Employer:** | | | |
| **Department:** | | | |
| **Description of Work:** | | | |
| **Position:** xxxxxxx , start date-end date (mm.dd.yyyy-mm.dd.yyyy) | | | |
| **Employer:** | | | |
| **Department:** | | | |
| **Description of Work:** | | | |
| DSCS/mb\_24072018 | | | |

DSCS/mb\_24072018