|  |  |
| --- | --- |
| **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 |

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