NGRP-GAD RESOURCE POOL PROFILE FORM

This will initially be filled-out by the prospective member of the NGRP GAD Resource Pool. The progress in the field(s) of specialization will be monitored throughout by experts using the other forms that will be issued by PCW. All fields marked with an asterisk (*) are required.

1.5 x 1.5 ID Picture

I. Basic Information

| Surname * | |
|--|----------------------------------|
| First Name * | |
| Middle Name * | |
| Sex * | |
| Birth date* | |
| Title or Prefix Used (i.e. Atty, Engr, Etc) | Name Extension (e.g. Jr. Sr.) |
| Ethnicity | |
| Religion | |
| TIN* | |
| CONTACT INFORMATION | |
| Current Address | |
| Permanent Address | |
| Home Telephone Number | |
| Cellphone Number* | |
| Email Address* | |
| Website (if any) | |
| Office/Work Name | |
| Office Address | |
| Work Telephone Number | |
| Fax Number | |

Educational Background II.

| Level | Degree Course | Name of School | Year Graduated | Highest Level/ Units | Inclusive Dates | | Scholarships/ Academic |
|------------|---------------|-------------------|-------------------|-------------------------|--------------------|----|---------------------------|
| | | | | Earned | From | To | Honors |
| | | | | (If not Graduated) | | | Received |
| Post | | | | | | | |
| Graduate | | | | | | | |
| College | | | | | | | |
| Vocational | | | | | | | |

| | | | <u>.</u> | | l l | | <u> </u> | J | |
|----------------|-------------------------|------------------|----------|------------|-------|-------|----------|-------|-----|
| III. Work Expe | r ience (include | e volunteer work | :) | | | | | | |
| Currently emp | oloyed? [| Yes No | lf | Yes, Secto | or: | ☐ Puk | olic | Privo | ate |
| (Start with mo | ost recent work | experience) | | | | | | | |
| | B 111 T111 | | | - 1 | A 1 1 | | | | |

| Inclusive Dates | | Position Title | Organization | Type ¹ | Status of Employment ² | Area(s) Specialized In |
|--------------------|----|----------------|--------------|-------------------|--------------------------------------|---------------------------|
| From | To | | | | | |
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Professional Certifications

| Certification ³ | Rating | Date of | Place of | License (if | applicable) |
|----------------------------|--------|--------------|--------------|-------------|-------------|
| | | Examination/ | Examination/ | Number | Date of |
| | | Conferment | Conferment | | Release |
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¹ Organization Type: GO, NGO, Private, Academe ² Indicate if permanent or contract-based

³ Civil Service Eligibility, Board or Bar Certification, etc.

| Other Information | |
|--|--|
| Languages/Dialects Spoken : | |
| Skills ⁴ : | |
| Area of Specialization (Please check all that applie | 20) |
| Area of Specialization (Please check all that applied Agriculture Anthropology Business and Entrepreneurship Civil Aviation Communication Development Community Development Culture Studies Disaster Economics Education Energy Environment Finance Gender and Development Governance Health-Housing Human Rights ICT Management Information Technology Infrastructure International Relations | Linguistics Management Media Music Military Nutrition Police Policy Advocacy Peace Studies Political Science/Public Administration Psychology and Counseling Religion Studies Taxation Transport and Storage Tourism National Security Social Welfare Sociology Statistics Others, please specify: |
| Justice and Judicial Reforms Labor and Employment Law Legislative Advocacy | |

⁴ Facilitating, Negotiating, Etc. Refer to Annex B: Skills. You may add if your skill is not in the list. Separate using commas.

GAD Trainings and Seminars Received (In the Last 5 Years⁵)

| | Title of GAD Training (start with most recent) | Organized By | Venue | Inclu Da (Use f | tes ormat | No. of Hours |
|-----|---|--------------|-------|-----------------------|---------------------|-----------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
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| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

Trainings, Workshops or Seminars you conducted or served as resource person under your specified field/s (In the last 10 years)

| | Training / Session Title ⁶ (start with most recent) | Organized For/ By | Venue | Inclusive Dates (Use format M/D/Y) | No. of Hours |
|-----|--|----------------------|-------|------------------------------------|-----------------|
| 1. | | | | | |
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Projects Involved In (In the Last 10 years)⁷

⁵ Please use additional sheet(s) if necessary

⁶ Please indicate session title(s) if you only conducted a particular session(s) in that training. Training title if you have conducted the entire training. Please use additional sheet(s) if necessary

| Project | Organized For/ By or Funded By | Inclusive Dates (Use format M/D/Y) | Role/ Position in Project |
|---------|--------------------------------|---------------------------------------|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Published Works

| Title of work | Published By | Publication | Date of Publication |
|---------------|--------------|-------------|---------------------|
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Social Media

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|---------------------------------------|--------------------|--|--|--|--|--|
| Title of work | Web Address or URL | | | | | |
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Awards Received

| Awards received | | | | | |
|-----------------|------------|--------------|--|--|--|
| Award | Awarded By | Year Awarded | | | |
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Membership in Organizations

 $^{^{\}rm 7}$ Indicate here projects that you have handled or involved in, i.e. GREAT Women Project, etc

| Organization | | sive Dates of embership | Designation in Organization |
|--|--------------|----------------------------|--------------------------------|
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| If you were to serve as a Resource Person or tapped for Technical Assistance, which areas would you be available to work in? (Check appropriate boxes) | | | |
| ☐ I can work anywhere in the Philippines ☐ I can work only in the following regions or localities: Region (s) Province(s) | | | |
| Dietary requirements: Health concerns: | | | |
| Person to Contact in Case of Emergency | | | |
| Name | Relationship | | |
| Address | | | |
| Contact Number | | | |
| | | | |
| | | | |
| | | | |
| Signature over Printed Name | | | |
| Dated signed: | | | |