Republic of the Philippines
Department of Health

DEPLOYMENT PROGRAM / PROJECT
APPLICATION FORM

Paste a recent **1" x 1"** photograph (taken within the last 6 months) in this box.

Print legibly and use separate sheet if necessary. Place ✓marks in appropriate boxes. Only accomplished application forms will be processed.

POSITION APPLIED FOR:

- ☐ Physician Augmentation Deployment Project (PADP)
- ☐ UHC Implementers Deployment Project (UHCIDP)
- ☐ Nurse Deployment Project (NDP)
- ☐ Rural Health Midwives Placement Program (RHMPP)
- ☐ Dentist Deployment Project (DDP)
- ☐ Medical Technologists Deployment Project (MTDP)
- ☐ Pharmacist Deployment Project (PDP)
- ☐ Public Health Associates Deployment Project (PHADP)
- ☐ Family Health Associate Deployment Project (FHADP)

Personal Background

Name Surname	First Name	Middle Name
Date of Birth (mm/dd/yyyy)	Place of Birth	Dialect/s Spoken

Age	Gender	Civil Status	Nationality	Religion
	☐Female ☐Male	☐Single ☐Widowed ☐Married ☐Separated		

Permanent Address Street	District	Municipality/City	Province	Tel. #. / Mobile Number/s Email Address

Educational Background

School Attended	Inclusive Dates	Honor(s) / Distinction Received/Papers made or Published
Primary		
Secondary		
Tertiary (Degree Earned)		
Post Graduate		

Eligibility

CAREER SERVICE / RA 1080 (BOARD/BAR) UNDER SPECIAL LAWS / CES / CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	REGISTRATION DATE

Employment Background

Position Title	Office/Company	Inclusive Dates	Status of Employment

(continue on separate sheet if necessary)

Community Involvement

Organization/Association	Type of Involvement	Inclusive Dates	Status of Involvement

(continue on separate sheet if necessary)

Trainings Attended related to Health

Title of Seminar/Conference/Workshop/Short Courses (Write in Full)	Inclusive Dates of Attendance (mm/dd/yyyy)		Number of Hours	Conducted / Sponsored by (Write in Full)
	FROM	TO		

(continue on separate sheet if necessary)

I declare that all information and documents submitted with this application form is true and correct. I authorize the agency head or its authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

Signature over Printed Name

Date