*Curriculum vitae*

1. **PERSONAL INFORMATION**

**SURNAME:** **TOYOLA.** **FIRST NAME:**  **JOSEPH.**  **GENDER: MALE.** **DATE OF BIRTH: 11th JAN 1982.**

**MARITAL STATUS: MARRIED.** **HOME VILLAGE: KWEMTULA.**

**SUB DISTRICT: KIRIWINA. DISTRICT: KIRIWINA GOODENOUGH.**

**HOME PROVINCE: MILNE BAY PROVINCE.**

**ADDRESS: KWEMTULA KIRIWINA TROBRIAND ISLAND PO BOX 42. MBP.PNG**

**PUBLIC SERVICES FILE NUMBER: ................................... .**

**PRIVATE EMAIL:** [**jtoyola1@gmail.com**](mailto:jtoyola1@gmail.com) **MOBILE: 71122118**

1. **EDUCATIONAL QUALIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **YEARS** | **LEVEL** | **GRADES** | **SCHOOL** |
| **1990-1997** | **PRIMARY** | **PREP- Gr 8** | **CORONATION** |
| **1998-1999** | **PRIMARY HIGH** | **9 and 10** | **KIRIWINA HIGH** |
| **2000-2001** | **SECONDARY** | **11 and 12** | **CAMERON** |
| **2002-2004** | **TERTIARY** | **DIPLOMA** | **D.W UNIVERSITY** |

1. **QUALIFIED AS;**

**A REGISTERED HEALTH EXTENSION OFFICER (HEO)**

1. **EMPLOYMENT HISTORY from PREVIOUS to CURRENT;**

|  |  |  |
| --- | --- | --- |
| **YEARS** | | **PLACE and POSITION** |
| **2005-2008** | | **LOSUIA HEALTH CENTRE as VOLUNTEER HEO** |
| **2008-2009** | | **ALOTAU as DISTRICT TB DOTTS COORDINATOR(WV)** |
| **2010-2012** | | **NUBE HEALTH CENTRE as CLINICAL HEO** |
| **2013-2014** | | **MWATEBU GOLD MINE as MEDICAL SUPERVISOR** |
| **2014-1016** | | **SAGARAI HEALTH CENTRE as VOLUNTEER HEO** |
| **2016** | **-2018** | **LOSUIA HEALTH CENTRE as VOLUNTEER HEO** |

1. **REFEREES;**

Mr JOSHUA WILLIAM Mr DAMIEN TOLOWAGA

COORDINATOR FHS AREA HEO  
MBPHA MBPHA  
LOCKED BAG 402 LOCKED BAG 402

ALOTAU, MBP ALOTAU, MBP

Phone: 72064425 Phone: 79248191

**SIGNATURE: ............................. DATE: ....../....../..........**