**PERSONAL DETAILS**

**First name: VESTINE**

Nationality: RWANDESE

Date of birth: 14 Avr 1983

Status:Married

e-mail: [vestine.342090@2freemail.com](mailto:vestine.342090@2freemail.com)

C/o-Mobile phone: +971501685421

**POFESSIONAL TRAINING**

**Medical diploma:**

**1. DIPLOMA in**

**NURSING SCIENCES:Ecole de Science Infirmiere Kabgayi,Muhanga Rwanda**

Date of obtention :2003

2.DIPLOMA in

ANESTHESIA

KIGALI HEALTH INSTITUTE

KIGALI, RWANDA

Date of obtension:2012

N° of registration: 00630113

**3.Specialist diploma in anaesthesia/intensive care**

**BSc/ DEGREE IN ANESTHESIA**

Date of obtention: AUGUST 2015

COLLEGE OF MEDECINE AND HEALTH SCIENCES

**Other medical training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NOV 2005** | **PARTICIPANT** | Participated in two week workshop about counseling, the prevention and treatment of HIV/AIDS patients | | KIGALI |  |
| **JAN.2013** | **PARTICIPANT** | Safe obstetrical Anesthesia course | | RWAMAGANA |
| JULY 2015 | **PARTICIPANT** | **blood transfusion** | KIGALI | |
| NOV20-25/2016 | **PARTICIPANT** | Customer care and quality service delivery | RMH | |
| **NOV.26-DEC.5/2016** | **UMUTOZA WINTORE** | **Assessment and health care delivery** | **CTC GABIRO** | |

**PROFESSIONAL EXPERIENCE**

**Professional experience in anaesthesia/intensive care**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**  **(start – finish)** | **Position** | **Type of activity** | | | | | **City / Country** |
| **trauma** | **obs/gyn** | **paed** | **ICU** | **others** |
| **Sept2008-Nov2009** | **NURSE-ANESTHETIST** |  |  |  |  |  | **Muhanga**  **RWANDA** |
| . May.2011 \_Febr 2012 | **NURSE-ANESTHETIST** |  |  |  |  |  | **Kigali/**  **RWANDA** |
| **Nove 2014** | **None physician anesthetist** |  |  |  |  |  | **BUTARE/**  **RWANDA** |
| **MAY 2015** | **None physician anesthet** |  |  |  |  |  | **KIGALI**  **RWANDA** |
| **JULY2015 UP TO NOW** | **None physician**  **Anesthetist** |  |  |  |  |  | **KIGALI**  **RWANDA** |

**Other professional experience (medical or non-medical)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  **(start – finish)** | **Position** | **Type of activity** | **City / Country** |
| **2006-2008** | **case manager /nurse** | **NURSING CARE** | **NYAGATARE**  **RWANDA** |
| **2004-2005** | Intern Supervisor | **TEACHING NURSING COURSES** | **KAMONYI**  **RWANDA** |
|  |  |  |  |
| **FEBR 2012** | Data collector | **Data collection about cervical cancer vaccination** | **Butare**  **Rwanda** |

**Foreign languages**

**English : INTERMEDIATE**

**French : ADVANCED**

**KINYARWANDA :ADVANCED**

**COMPUTER SKILLS**

**Microsoft word:ADVANCED**

**Microsoft power point:ADVENCED**

**Microsoft excell:INTERMEDIATE**

I do agree and confirm that the above information is completely true and genuine.