



## ASEANA CAREGIVERS PTE LTD

License No: 07C4867

Registration No: 201022663H

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## Personal Information

Live-In Caregiver/Nurse

**Full Name** Nurliana  
**Birth Date** 12 November 1985  
**Age** 39 years old  
**Height and Weight** 157 Cm / 47 Kg  
**Place of birth** Blitar  
**Nearest Airport** Surabaya  
**Religion** Islam  
**Marital Status** Married  
**Number of Children** 1 ( 8yo )  
**Monthly Salary** \$ 850  
**Offday Compensation** \$ 32.69



## Highest Educational Level

Please indicate from the highest educational level

|   | Education Level    | Name of School/<br>College/University | From<br>(YYYY) | To<br>(YYYY) | Subject/Major/Course Title |
|---|--------------------|---------------------------------------|----------------|--------------|----------------------------|
| 1 | Senior High School | SMK PGRI 4 Blitar                     | 1999           | 2002         |                            |

## Language Ability

|   | Language | Listening | Speaking | Writing | Reading |
|---|----------|-----------|----------|---------|---------|
| 1 | Mandarin | Good      | Good     | Good    | Good    |
| 2 | Malay    | Good      | Good     | Good    | Good    |
| 3 | Bahasa   | Fluent    | Fluent   | Fluent  | Fluent  |

**Past and Existing illnesses (including chronic ailments and illnesses requiring medication)**

|                | YES | NO |
|----------------|-----|----|
| Mental illness |     | X  |
| Tuberculosis   |     | X  |
| Epilepsy       |     | X  |
| HIV/AIDS       |     | X  |
| Heart Disease  |     | X  |
| Asthma         |     | X  |
| Malaria        |     | X  |
| Diabetes       |     | X  |
| Operations     |     | X  |

|                            | YES | NO |
|----------------------------|-----|----|
| Hypertension               |     | X  |
| Physical Disabilities      |     | X  |
| Previous & Existing Injury |     | X  |
| Problem with Hearing       |     | X  |
| Problem with Eyesight      |     | X  |
| Long Term Medication       |     | X  |
| Allergies                  | X   |    |
| Dietary Restriction        | X   |    |
| *Other                     |     | X  |

**Food Handling Preference**

No Preference

**\*YES Answer/Other illnesses & Food Handling, Please Specify Here (if any)**

Can handle and cook pork dishes, but can't consume due to religious restriction.

Allergies to medicine : aspirin

**Care Related Work Experience**

Job Designation

Caregiver

Country

Singapore

Employer

Madam Baek Lily

Start Date

25 May 2025

End Date

Present

Condition of the patient

Stroke , Dementia , Breast Cancer , Diabetes , Hypertension

Job Description

Wheelchair bound , Bedriden , Assist bathing , Grooming & Dressing , Accompany for doctor appointment , Taking , Monitoring and recording vital signs , Medicane management , Transferring , meal preparation , Message , Provide & assist the exercise , change diapers , General housework related to the patient

Reason for transfer

Eldery passed away

|                          |   |
|--------------------------|---|
| Job Designation          | Caregiver   |
| Country                  | Singapore   |
| Employer                 | Chinesse  |
| Start Date               | 30 January 2024   |
| End Date                 | 03 October 2024   |
| Condition of the patient | Stroke , Hypertension , Heart Disease   |
| Job Description          | Wheelchair bound , Bedriden , Assist bathing , Grooming & Dressing , Accompany for doctor appointment , Taking , Monitoring and recording vital signs , Medicane management , Transferring , Turning position , urinary chateter , meal preparation , Message , Provide & assist the exercise , change diapers , General housework related to the patient |
| Reason for transfer      | Eldery passed away  |

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|                          |   |
|--------------------------|---|
| Job Designation          | Caregiver   |
| Country                  | Singapore   |
| Employer                 | Mr Kho  |
| Start Date               | 21 June 2022  |
| End Date                 | 16 October 2023   |
| Condition of the patient | Hypertension , Chronic Kidney Diease  |
| Job Description          | Mobile with assistance , Assist bathing , Grooming & Dressing , Accompany for doctor appointment , Taking , Monitoring and recording vital signs , Medicane management , meal preparation , Message , Provide & assist the exercise , change diapers , General housework related to the patient |
| Reason for transfer      | Eldery passed away  |

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|                     |   |
|---------------------|---|
| Job Designation     | Domestic Helper   |
| Country             | Singapore   |
| Employer            | Mr Ng   |
| Start Date          | 25 February 2022  |
| End Date            | 21 June 2022  |
| Job Description     | She took care 1 child ( 7 yo ) , bring to school , she manages general household chores such as cleaning, laundry, ironing, cooking , car wash and maintaining overall household cleanliness. |
| Reason for transfer | Her service was no longer required  |

|                          |   |
|--------------------------|---|
| Job Designation          | Caregiver   |
| Country                  | Taiwan  |
| Employer                 | Mr Wang   |
| Start Date               | 01 December 2012  |
| End Date                 | 01 December 2014  |
| Condition of the patient | Paralysis and severed neck nerves   |
| Job Description          | Wheelchair bound , bedridden , Assist bathing , Grooming & Dressing , Accompany for doctor appointment , Taking , Monitoring and recording vital signs , Medicane management , stoma care , urine chateter , meal preparation , Message , Provide & assist the exercise , change diapers , General housework related to the patient |
| Reason for transfer      | Finish contract   |

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|--------------------------|---|
| Job Designation          | Caregiver   |
| Country                  | Taiwan  |
| Employer                 | Chinesse  |
| Start Date               | 01 July 2010  |
| End Date                 | 01 April 2012   |
| Condition of the patient | Lung disease  |
| Job Description          | Wheelchair bound , Assist bathing , Grooming & Dressing , Accompany for doctor appointment , Taking , Monitoring and recording vital signs , Medicane management , Suctioning , meal preparation , Message , Provide & assist the exercise , Thraceostomy care , General housework related to the patient |
| Reason for transfer      | Finish contract   |

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|--------------------------|--|
| Job Designation          | Caregiver  |
| Country                  | Taiwan   |
| Employer                 | Chinesse   |
| Start Date               | 01 October 2006  |
| End Date                 | 01 October 2009  |
| Condition of the patient | Alzheimer's disease / Dementia , Hypertension  |
| Job Description          | Mobile with assistance , Assist bathing , Grooming & Dressing , Accompany for doctor appointment , Taking , Monitoring and recording vital signs , Medicane management , meal preparation , Message , Provide & assist the exercise , General housework related to the patient |
| Reason for transfer      | Finish contract  |

# Skills

## Method of Evaluation of Skills

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Based on Caregiver/FDW's declaration, no evaluation/observation by Singapore EA or overseas training centre |
| <input checked="" type="checkbox"/> | Interviewed by Singapore EA   |
| <input checked="" type="checkbox"/> | Interviewed via telephone/teleconference Interviewed via videoconference                                    |
| <input checked="" type="checkbox"/> | Interviewed in person and also made observation of Caregiver/FDW in the areas of work listed in table       |

|   | Willingness (Yes/No) | Experience (Yes/No - If yes, state the no of years) | Assessment/Observation (Please state qualitative observations of FDW and/or rate the FDW (indicate N.A. of no evaluation was done) Poor...Excellent. N.A. 1 2 3 4 5 N.A.) |
|---|----------------------|---|---|
| Care of infants/ children<br>Please specify age range |                      |   | 3   |
| Care of Elderly                                       |                      |   | 5   |
| Care of Disabled                                      |                      |   | 5   |
| General Housework                                     |                      |   | 5   |
| Cooking Please specify cuisines                       |                      |   | Chinesse and Indonesia food   |
| Language Abilities (spoken) Please Specify            |                      |   | Mandarin , Malay, Bahasa  |
| Other Skills Please Specify                           |                      |   |   |

## Basic Caregiving Skills

To assist the Care Recipient in Activities of Daily Living/ADLs

Please Tick The Checkbox According to Your Experience

|   | No Experience but Willing to Learn | Some Experience (1-6months) | Good Experience (6-12months) | Very Good (more than 1 year) |
|---|------------------------------------|-----------------------------|------------------------------|------------------------------|
| Toileting                                 |                                    |                             |                              | X                            |
| Bathing                                   |                                    |                             |                              | X                            |
| Personal Hygiene, Grooming/Dressing       |                                    |                             |                              | X                            |
| Transferring                              |                                    |                             |                              | X                            |
| Assist care with Mobility Devise          |                                    |                             |                              | X                            |
| Oral Feeding                              |                                    |                             |                              | X                            |
| Medication Management                     |                                    |                             |                              | X                            |
| Monitoring of Input and Output            |                                    |                             |                              | X                            |
| Provide Passive Range of Motion Exercises |                                    |                             |                              | X                            |
| Taking, Monitoring, Recording Vital Sign  |                                    |                             |                              | X                            |

## Nursing Skill

General Nursing Skill

Please Tick The Checkbox According to Your Experience

|                                   | No Experience but Willing to Learn | Some Experience (1-6months) | Good Experience (6-12months) | Very Good (more than 1 year) |
|-----------------------------------|------------------------------------|-----------------------------|------------------------------|------------------------------|
| NGT Feeding                       | X                                  |                             |                              |                              |
| PEG Feeding                       | X                                  |                             |                              |                              |
| Urinary Catheter Care             |                                    |                             |                              | X                            |
| Stoma Care                        |                                    |                             |                              | X                            |
| Glucose Monitoring and Management | X                                  |                             |                              |                              |
| Wound Care                        | X                                  |                             |                              |                              |

## Specialized Nursing Skills

|   | No Experience but Willing to Learn | Some Experience (1-6months) | Good Experience (6-12months) | Very Good (more than 1 year) |
|---|------------------------------------|-----------------------------|------------------------------|------------------------------|
| Tracheostomy Care                             |                                    |                             |                              | X                            |
| Suctioning                                    |                                    |                             |                              | X                            |
| Urinary Catheter Care                         |                                    |                             |                              | X                            |
| Home Ventilation and Respiratory Support Care | X                                  |                             |                              |                              |
| Dementia Care                                 |                                    |                             |                              | X                            |
| Palliative Care                               | X                                  |                             |                              |                              |

## Medical Equipment Used

|                             | No Experience but Willing to Learn | Some Experience (1-6months) | Good Experience (6-12months) | Very Good (more than 1 year) |
|-----------------------------|------------------------------------|-----------------------------|------------------------------|------------------------------|
| Catheter                    |                                    |                             |                              | X                            |
| Colostomy Bag               |                                    |                             |                              | X                            |
| CPAP Machine                | X                                  |                             |                              |                              |
| Medical Ventilator          | X                                  |                             |                              |                              |
| Nebulizer                   | X                                  |                             |                              |                              |
| Peritoneal Dialysis Machine | X                                  |                             |                              |                              |
| Pulse Oximeter              |                                    |                             |                              | X                            |
| Oxygen Concentrator         | X                                  |                             |                              |                              |
| Suction Machine             |                                    |                             |                              | X                            |

## Types of Patients Handled

### Elderly

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Alzheimer's Disease/Dementia                 |
| <input type="checkbox"/>            | Arthritis                                    |
| <input checked="" type="checkbox"/> | Cancer and/or Palliative Care                |
| <input type="checkbox"/>            | Chronic Kidney Disease (CKD)                 |
| <input type="checkbox"/>            | Chronic Obstructive Pulmonary Disease (COPD) |
| <input checked="" type="checkbox"/> | Diabetes                                     |
| <input checked="" type="checkbox"/> | Heart Disease                                |

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Hypertension  |
| <input type="checkbox"/>            | Motor Neuron Disease  |
| <input type="checkbox"/>            | Parkinson's Disease   |
| <input type="checkbox"/>            | Shingles  |
| <input type="checkbox"/>            | Spinal Chord Injury   |
| <input checked="" type="checkbox"/> | Stroke  |
| <input checked="" type="checkbox"/> | Others ( Lung disease & Paralysis and severed neck nerves ) |

### Infant/Young Children

- |                          |                              |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Autism                       |
| <input type="checkbox"/> | Cancer                       |
| <input type="checkbox"/> | Cerebral Palsy               |
| <input type="checkbox"/> | Chronic Kidney Disease (CKD) |
| <input type="checkbox"/> | Down Syndrome                |
| <input type="checkbox"/> | Epilepsy                     |
| <input type="checkbox"/> | Others                       |

### AVAILABILITY OF FDW TO BE INTERVIEWED BY PROSPECTIVE EMPLOYER

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | FDW is not available for interview         |
| <input checked="" type="checkbox"/> | FDW can be interviewed by phone            |
| <input checked="" type="checkbox"/> | FDW can be interviewed by video-conference |
| <input type="checkbox"/>            | FDW can be interviewed in person           |

### OTHER REMARKS

Can work during days off with compensation, she is fine with 1 off days/month.  
She scared of dogs.

Nurliana

Caregiver/FDW Name and Signature  
Date

EA Personnel Name / Registration Number  
Date

I have gone through this profile of the Caregiver and confirm that I would like to employ her

Employer Name and Signature  
Date