

**ASEANA CAREGIVERS PTE LTD**

License No: 07C4867 Reg No: 201022663H
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Tel: +65 6316 6618 Fax: +65 6518 3833
Website: www.caregivers.com.sg
Email: enquiry@aseanacaregivers.com.sg

Profile
LIVE-IN CAREGIVER

PERSONAL INFORMATION

Name CORDERO CLARIZIEL PIZARRA
Date of Birth January 27, 1988 **Age** 35 years old
Place of Birth Catanauan , Quezon, Philippines
Nationality Filipino **Gender** Female
Marital Status Married **Religion** Roman Catholic
Height 154 cm **Weight** 46 kg
Residential Address in Home Country
Antipolo del Norte Lipa City, Philippines
Name of Port / Airport to be Repatriated to NAIA
Contact Number in Home Country
Number of Siblings 12 of 12 (e.g. 3 of 5)
Number of Children 1 **Age(s) of Children (if any)** 13

**HIGHEST EDUCATIONAL LEVEL**

Qualification 2 years course in Office Management
Name of School Lipa City Public College
Location Lipa City, Philippines
Start Date 2005
End Date 2007

LICENSURE AND CERTIFICATION

Title National Certificate II in Caregiving
Institution Technical Education and Skills Development Authority
Location Manila, Philippines
Registration Date April 21, 2022

CARE RELATED WORK EXPERIENCE

Job Designation Private Caregiver
Company Name / Employer Mdm Rosita

Address Lipa City, Philippines
Start Date January 2022
End Date Present
Type of Patient 75 years old/ Stroke , Hypertension (Bedridden)

Duties Management of Medication, Monitoring and Recording vital signs, Turning positions to avoid bedsores, Oral feeding, Meal preparation, Assist in Dressing, Grooming, Bed/ Normal bathing, Transferring from bed to wheelchair and vice versa, Changing Diapers, Accompany to Dr. visits, Provide light massages for her reflex, Assist in passive range of motion exercises (ROM), Perform patient related chores

Reason for Leaving Applying abroad for better opportunities

Job Designation Private Caregiver
Company Name / Employer Mrs Sedicol/ Helping Care Connections

Address Pasay City, Philippines

Start Date March 2020

End Date December 2021

Type of Patient 54 years old/ Female/ Diabetes , Amputated Leg (Wheelchair-bound)

Duties Direct Patient Care, Planning and Management, Daily Health status monitoring, Management of Medication, Assist in Bathing, Grooming, Dressing, Transferring from bed to wheelchair and vice versa, Meal Preparation, Assist in Exercises , Accompany to dr. visits, Glucose Monitoring, Report and monitoring patient progress to the family, Patient related chores

Reason for Leaving Patient passed away

MEDICAL HISTORY/DIETARY RESTRICTIONS

Allergies (if any) None

Past and existing illnesses (including chronic ailments and illnesses requiring medication):

| | Yes | No | | Yes | No |
|-------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| i Mental illness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | vi Tuberculosis | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ii Epilepsy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | vii Heart disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| iii Asthma | <input type="checkbox"/> | <input checked="" type="checkbox"/> | viii Malaria | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| iv Diabetes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ix Operations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| v Hypertension | <input type="checkbox"/> | <input checked="" type="checkbox"/> | x Others | CS | |

Physical disabilities None

Previous and existing injury (if any) None

Problem with Hearing or Eyesight (if any) None

Dietary restrictions No

Food handling preferences No pork No beef No preference Others

Preference for rest day 4 rest days per month

Any other remarks can have 2 workdays off with compensation

| | | | |
|---|--|--|--|
| Other Skills (if any) Please specify | | | |
|---|--|--|--|

Caregiving/Nursing Skills

| SKILLS | No Experience but Attended Training/Willing to Learn | With Some Experience (1-6 months) | With Good Experience (6-12 months) | With Very Good Experience (more than 12 months) |
|--|--|-----------------------------------|------------------------------------|---|
| Basic Caregiving Skills (To assist the Care Recipient in Activities of Daily Living/ADLs) | | | | |
| Toileting (diaper change, use of commode) | | | | X |
| Bathing (in the shower, bed bath) | | | | X |
| Personal Hygiene, Grooming, Dressing | | | | X |
| Transferring (bed to wheelchair and vice versa) | | | | X |
| Assist care recipient with Mobility Device | | | | X |
| Oral Feeding | | | | X |
| Management of Medication | | | | X |
| Meal Preparation | | | | X |
| Monitoring of Input and Output | X | | | |
| Provide passive range of motion exercises | | | | X |
| Taking, Monitoring and Recording Vital Signs | | | | X |
| General Nursing Skills | | | | |
| NGT Feeding | X | | | |
| PEG Feeding | X | | | |
| Urinary Catheter Care | X | | | |
| Stoma Care | X | | | |
| Glucose Monitoring and Management | | | | X |
| Wound Care | | X | | |
| Specialized Nursing Skills | | | | |
| Tracheostomy Care | X | | | |
| Suctioning | X | | | |
| Home Ventilation and Respiratory Support Care | X | | | |
| Dementia Care | X | | | |
| Palliative Care | X | | | |

| MEDICAL EQUIPMENT USED | No Experience but Attended Training/Willing to Learn | With Some Experience (1-6 months) | With Good Experience (6-12 months) | With Very Good Experience (more than 12 months) |
|------------------------|--|-----------------------------------|------------------------------------|---|
| 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 type="checkbox"/> Alzheimer's Disease/Dementia | <input checked="" type="checkbox"/> Hypertension |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Motor Neuron Disease |
| <input type="checkbox"/> Cancer and/or Palliative Care | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Chronic Kidney Disease (CKD) | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Spinal Chord Injury |
| <input checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Others (<i>please specify</i>) |

Infant/Young Children

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

AVAILABILITY OF FDW TO BE INTERVIEWED BY PROSPECTIVE EMPLOYER

- FDW is not available for interview
- FDW can be interviewed by phone
- FDW can be interviewed by video-conference
- FDW can be interviewed in person

OTHER REMARKS

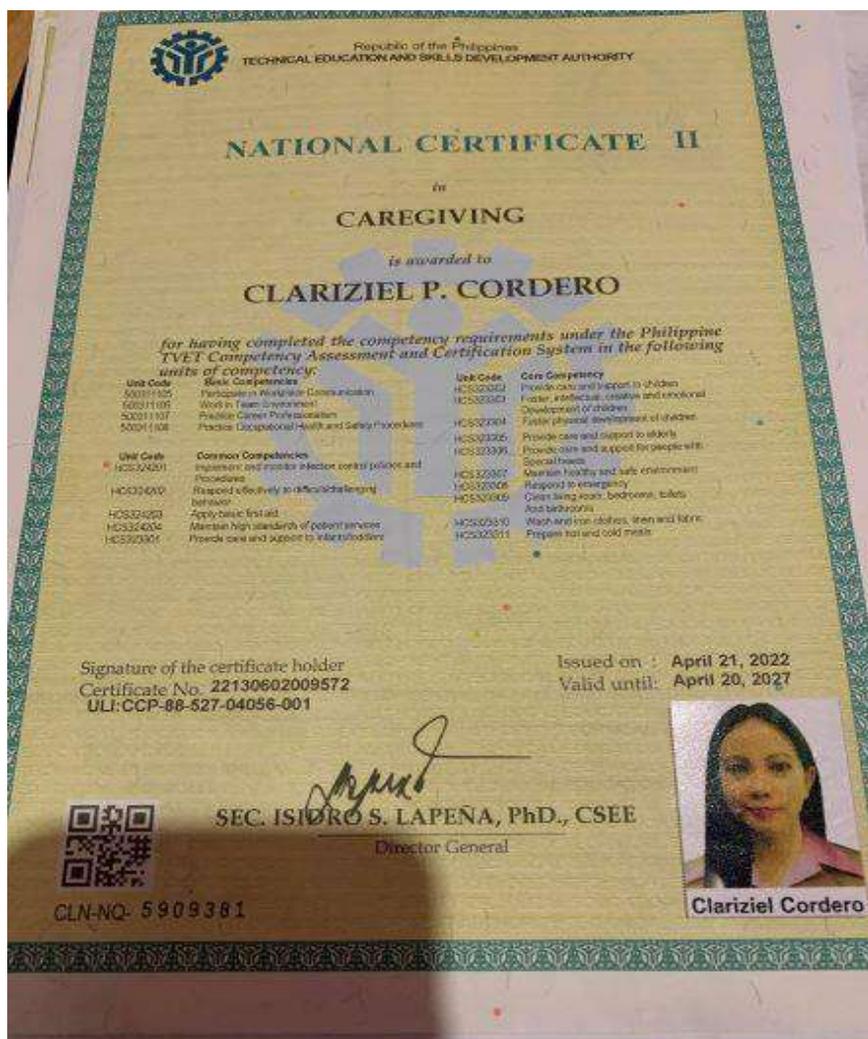
CORDERO CLARIZIEL PIZARRA

 Caregiver/FDW Name and Signature
 Date

 EA Personnel Name and 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





HELPING CARE CONNECTION

CERTIFICATE OF EMPLOYMENT

This is to certify that **Ms. Clarizel P. Cordero**, has been employed by Helping Care Connection under **Connectuz Career Development and Consultancy** as an **On-call Private Duty Caregiver** deployed from **September 2020** to present, to several hospital/home bound patients.

Patient Name: Rosalinda Sedicol

Age/Diagnosis: 54 / Assisting Diabetic

Address: C Jose St. Malibay Pasay City

Employer Name /Contact No.: Jennifer Sedicol / 09562892607

Her services were found to be satisfactory in carrying out following duties and responsibilities:

- Direct Patient Care, Planning and Management
- Daily Health Status monitoring (e.g. Vital Signs)
- Patient Medication Preparation, Administration and Monitoring
- Help with Personal Hygiene (e.g. Bathing, Oral Care, and Bowel Elimination)
- Meal Preparation, Assisting with Meals and Diet Planning
- Help with Mobility and Daily Routine Exercise
- Light Housekeeping in Patients room
- Assst in Hospital Admission/Discharge and Follow up Consultations to the Physician
- Reporting and monitoring of patients progress to the Family and the Physician

For your queries and questions kindly contact me with my mobile number 09770318709.

This certification is being issued upon the request of the aforementioned person for whatever legal purposes it may serve.

Given this 7th day of May, 2021 at Novaliches, Quezon City.

Yours Truly,



Rizal C. Celeste
HR Manager/Coordinator

SUBSCRIBED AND SIGNED TO BEFORE ME
 ON THIS 04 MAY 2021
 AT NOVALICHES, QUEZON CITY
 ID NO. 249
 PASS NO. 69
 COPY NO. 104-32
 CHECK NO. 7071

ATTY. ELISE  DIA, JR.
 NOTARY PUBLIC
 Commission Expires 21, 2021
 Auto. Expires No. 309-001
 PTH No. 1006752 U. Jan. 4, 2021 QZ
 IBP No. 141580, Jan. 4, 2021
 TCVT No. 501882
 TRS 536-241-087-000
 NCLE Comp. No. 11-0012317 and April 04, 2021

Lipa City Public College

LIPA CITY, PHILIPPINES

To All Persons to Whom These Presents May Come, Greetings!

Be it known that the Board of Trustees by the authority of the Technical Education and Skills Development Authority and on recommendation of the Faculty has conferred upon

Clariziel S. Pizarra

who has fulfilled all the requirements of the course

Office Management with Computer

all the rights, honors and privileges as well as the obligations and responsibilities thereunto appertaining.

In testimony whereof, the seal of the College and the signatures of the President and the Chairman of the Board of Trustees are hereby affixed.

Given at Lipa City this 12th day of April in the Year of Our Lord

Two Thousand and Seven.



RHVA
PROF. ROMULO H. VALENCIA
COLLEGE PRESIDENT
PANGULO

RVS
DR. ROSA VILMA SANTOS-RECTO
CHAIRMAN, BOARD OF TRUSTEES
TAGA-PANGULO, LUPON NG KATIWALA

