



ASEANA CAREGIVERS PTE LTD

License No: 07C4867 Reg No: 201022663H

Address: 81 Tagore Lane #04-13 TAG A, Singapore 787502

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 | Jolivee Pescante | | |
| Date of Birth | Febuary 11 1989 | Age | 34 |
| Place of Birth | Zamboanga City | | |
| Nationality | Filipino | Gender | Female |
| Marital Status | Single | Religion | Roman Catholic |
| Height | 152 | cm | Weight 52 kg |
| Residential Address in Home Country | Sitio Binasak Mabiga Hermosa Bataan | | |
| Name of Port / Airport to be Repatriated to | CLARK INTERNATIONAL | | |
| Contact Number in Home Country | | | |
| Number of Siblings | 4 of 5 | <i>(e.g. 3 of 5)</i> | |
| Number of Children | 2 | Age(s) of Children (if any) | 14,13 |



HIGHEST EDUCATIONAL LEVEL

| | |
|-----------------------|-------------------------------|
| Qualification | High School Graduate |
| Name of School | Don Pablo Lorenzo High School |
| Location | Jolivee Pescante |
| Start Date | June 5 2002 |
| End Date | April 2 2006 |

TRAININGS AND SEMINARS ATTENDED

| | |
|------------------------|--|
| Title | BASIC TRAINING COURSE FOR CAREGIVERS |
| Training Centre | Pioneer adult care home and training center Inc. |
| Location | Zamboanga City, Philippines |
| Start Date | April 10 2013 |
| End Date | April 10 2013 |

LICENSURE AND CERTIFICATION

| | |
|--------------------------|--|
| Title | CAREGIVING |
| Institution | Technical Education and skills development authority |
| Location | Zamboanga City, Philippines |
| Registration Date | March 5 2021 |

CARE RELATED WORK EXPERIENCE

Job Designation CAREGIVER
Company Name / Employer Julieta Antiporda
Address Manila, Philippines
Start Date January 8 2021
End Date Present
Type of Patient 82 years old female stroke, asthma with PEG Tube & oxygen kidney problem
Duties Monitoring vital signs, administered medications, preparing osturized food feeding through peg tube, bed bathing, grooming, nebulization, checking oxygenation, pulse oximeter monitoring. Transferring from bed to wheelchair safety..
Reason for Leaving To find better oppurtunity

Job Designation CAREGIVER
Company Name / Employer Rashid Khamis Ali
Address UAE
Start Date March 20 2018
End Date December 7 2020
Type of Patient 42 years old male, paralyzed, Diabetes and parkinson's
Duties Monitoring Vital Signs, Administered Medications, preparing healthy food Sugar Monitoring, Bed Bathing, Grooming, checking input and output excercing from upper to lower extremeties, transferring from bed to wheelchair vice versa.
Reason for Leaving Finished Contract

Job Designation CAREGIVER
Company Name / Employer Pioneer Adult Care Home and Training Center Inc.
Address Zamboanga City
Start Date March 15 2014
End Date June 15 2017
Type of Patient Diiferent cases like stroke, Old age, Diabetes,
Duties Monitoring Vital Signs, Administered medications, preparing healthy food bed bathing, grooming, provide proper hygiene, turning every 2 hours to avoid bedsores, exercising every morning, transferring from bed to wheechair vice versa. Checking and recording daily activities
Reason for Leaving Finished Contract

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"/> |

| | | | |
|--|-----|-----|-----|
| Cooking Please specify cuisines | YES | 0 | 4 |
| Language Abilities (spoken) Please specify English | YES | 0 | 4 |
| Other Skills (if any) Please specify | N/A | N/A | N/A |

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 checked="" type="checkbox"/> Alzheimer's Disease/Dementia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Motor Neuron Disease |
| <input type="checkbox"/> Cancer and/or Palliative Care | <input checked="" 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>) |

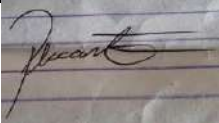
Infant/Young Children

- | | |
|---|---|
| <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



Jollivee Pescante

Caregiver/FDW Name and Signature

Date

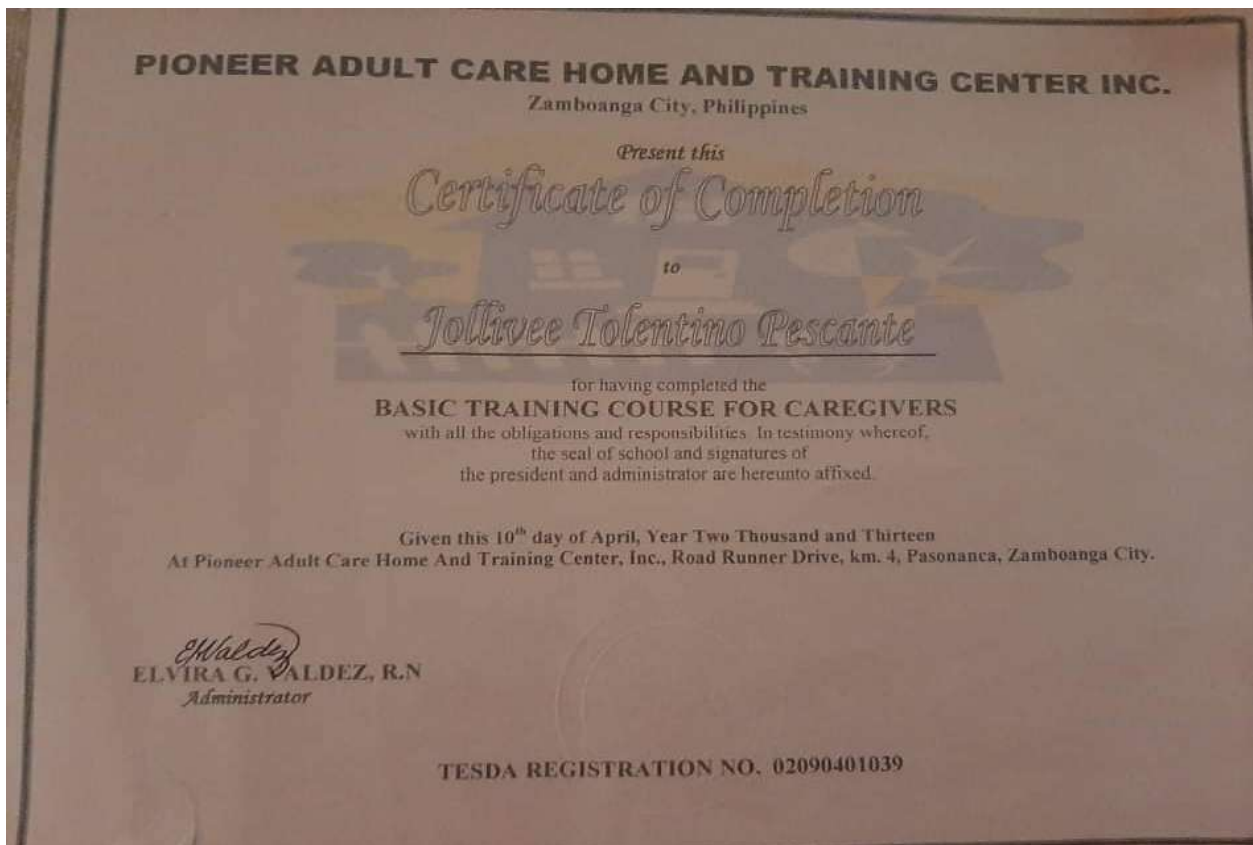
EA Personnel Name and Registration Number

Date

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

Employer Name and Signature

Date





Republic of the Philippines
TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

NATIONAL CERTIFICATE II

in
CAREGIVING

is awarded to

JOLLIVEE T. PESCANTE

for having completed the competency requirements under the Philippine TVET Competency Assessment and Certification System in the following units of competency:

BASIC COMPETENCIES

| Unit Code | Unit Title |
|-----------|--|
| 500311105 | Participate in Workplace Communication |
| 500311106 | Work in Team Environment |
| 500311107 | Practice Career Professionalism at the workplace |
| 500311108 | Practice Occupational Health and Safety Procedures |

COMMON COMPETENCIES

| | |
|-----------|---|
| HCS323201 | Implement and monitor infection control policies and procedures |
| HCS323202 | Respond effectively to difficult/challenging behaviors |
| HCS323203 | Apply basic first aid |
| HCS323204 | Maintain high standard of patient services |

CORE COMPETENCIES

| | |
|-----------|--|
| HCS323201 | Provide care and support to infants/toddlers |
| HCS323202 | Provide care and support to children |
| HCS323203 | Foster social, ICE development of children |
| HCS323204 | Foster the physical development of children |
| HCS323205 | Provide care and support to elderly |
| HCS323206 | Provide care & support to people with special needs |
| HCS323207 | Maintain healthy and safe environment |
| HCS323208 | Respond to emergency |
| HCS323209 | Clean living room, dining room, bedroom, toilet and bathroom |
| HCS323210 | Wash and iron clothes, linen and fabrics |
| HCS323211 | Prepare hot and cold meals |

Signature of the certificate holder
Certificate No. **21131102002071**
ULI: PJI-89-551-09073-001

Issued on: **March 5, 2021**
Valid until: **March 4, 2026**



CLN-NQ- 5441713

SEC. ISIDRO S. LAPENA, PhD., CSEE

Director General





**Pioneer Adult Care Home and
Training Center, Inc.**

CERTIFICATE OF EMPLOYMENT

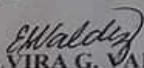
This is to certify that **Jollivee Tolentino Pescante** is employed at **PIONEER ADULT CARE HOME AND TRAINING CENTER INC.** /Home for the aged as full time Caregiver for elderly every Monday to Friday following an 12 hours shift, on monthly rotation, since March 15, 2014 to June 15, 2017, and with an annual salary of Seventy Two Thousand Pesos and Total Benefits of Six Thousand Pesos.

She has demonstrated very satisfactory performance in giving care, comfort and has patience and initiative in dealing patients with senile, stroke and bed ridden cares.

These further certifies that Jollivee Tolentino Pescante has dedication to do her task with or without supervision from the undersigned and has good relationship with her colleagues.

This certification is issued for whatever legal purpose it may serve this 15th day of June 2017 in Zamboanga City, Philippines.

Very truly yours,


MRS. ELVIRA G. VALDEZ, BSN, R.N.
Administrator



