



ASEANA CAREGIVERS PTE LTD

License No: 07C4867 Reg No: 201022663H

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Email: enquiry@aseanacaregivers.com.sg

Profile

LIVE-IN CAREGIVER

PERSONAL INFORMATION

Name Marissa L. Baris
Date of Birth August 15 1990 **Age** 32
Place of Birth Pandacan Manila
Nationality Filipino **Gender** Female
Marital Status Single **Religion** Roman Catholic
Height 147 cm **Weight** 50 kg
Residential Address in Home Country U114 Bldg. 20 Rodriguez st
128 tondo manila
Name of Port / Airport to be Repatriated to NAIA INTERNATIONAL
Contact Number in Home Country
Number of Siblings 4 of 7 (e.g. 3 of 5)
Number of Children 0 **Age(s) of Children (if any)** 0



HIGHEST EDUCATIONAL LEVEL

Qualification Information Technology(IT)
Name of School St. Matthew of blumentrit institute of technology
Location Manila, Philippines
Start Date June 10 2014
End Date March 21 2016

LICENSURE AND CERTIFICATION

Title CAREGIVING
Institution Technical Education and Skills Development Authority
Location Manila, Philippines
Registration Date March 14 2019

CARE RELATED WORK EXPERIENCE

Job Designation CAREGIVER
Company Name / Employer Jocelyn Biado
Address San Juan City, Philippines
Start Date November 10 2020
End Date present

Type of Patient 57 years old female with pancreatitis
Duties Monitoring vital signs, administered medications, preparing meals assist bathing and grooming, exercising every morning, checking input and output. Recording his daily activities
Reason for Leaving To find better opportunity

Job Designation CAREGIVER
Company Name / Employer Edouardo Fe
Address Mandaluyong, Philippines
Start Date March 25 2019
End Date November 6 2020

Type of Patient 81 years old Male with Lung Cancer
Duties Monitoring vital signs, administered medications, preparing meals assist bathing, grooming, provide proper hygiene, assist him going to hospital for his chemotherapy. Check and recorded his daily routine.
Reason for Leaving 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 type="checkbox"/>	<input checked="" type="checkbox"/>
v Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	x Others		

Physical disabilities none

Previous and existing injury (if any) none

Problem with Hearing or Eyesight (if any) none

Dietary restrictions none

Food handling preferences No pork No beef No preference Others

Preference for rest day 4 rest days per month

Any other remarks

SKILLS

Method of Evaluation of Skills

- Based on Caregiver/FDW's declaration, no evaluation/observation by Singapore EA or overseas training centre/EA
- Interviewed by Singapore EA
 - Interviewed via telephone/teleconference
 - Interviewed via videoconference
 - Interviewed in person



Interviewed in person and also made observation of Caregiver/FDW in the areas of work listed in table

Areas of Work	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) PoorExcellent...N.A. 1 2 3 4 5 N.A.				
Care of infants/children Please specify age range	YES	0				4	
Care of Elderly	YES	4 YEARS				5	
Care of Disabled	YES	4 YEARS				5	
General Housework	YES	PATIENT RELATED				5	
Cooking Please specify cuisines	YES	0				4	
Language Abilities (spoken) Please specify ENGLISH	YES	0				5	
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 type="checkbox"/> Alzheimer's Disease/Dementia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Motor Neuron Disease |
| <input checked="" 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 type="checkbox"/> Diabetes | <input 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 |
|---------------------------------|--|

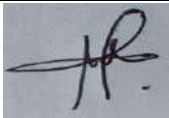
- Cancer
- Cerebral Palsy
- Chronic Kidney Disease (CKD)

- Epilepsy
- Others (*please specify*)

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



Marissa Baris

 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

MARISSA L. BARIS

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
500311108	Practice OHS 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

Unit Code	Unit Title
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
HCS323212	Establishes professionalism at the workplace

Signature of the certificate holder
 Certificate No. **19130302016021**
 ULI: **BML-91-795-13039-001**

Issued on: **March 14, 2019**
 Valid until: **March 13, 2024**



CLN-NQ- 3917662

SEC. ISIDRO S. LAPEÑA, PhD., CSEE
 Director General





