



ASEANA CAREGIVERS PTE LTD

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Profile
LIVE-IN CAREGIVER

PERSONAL INFORMATION

Name EJAN ANGELIKA DAIPAN
Date of Birth June 1, 1997 **Age** 26
Place of Birth Mati City, General Santos
Nationality Filipino **Gender** Female
Marital Status Single **Religion** Catholic
Height 157 cm **Weight** 50 kg
Residential Address in Home Country
General Santos City, Philippines
Name of Port / Airport to be Repatriated to General Santos
Contact Number in Home Country -----
Number of Siblings 4 of 4 *(e.g. 3 of 5)*
Number of Children 0 **Age(s) of Children (if any)** n/a



HIGHEST EDUCATIONAL LEVEL

Qualification Secondary
Name of School Alternative Learning System Accreditation and Equivalency
Location General Santos City, Philippines
End Date 2014

LICENSURE AND CERTIFICATION

Title National Certificate II in Health Care Services
Institution Technical Education and Skills Development Authority {TESDA}
Location Philippines
Registration Date March 14, 2019

CARE RELATED WORK EXPERIENCE

Job Designation Private Caregiver
Company Name / Employer Mrs. Santos

Address General Santos City, Philippines
Start Date August 2022
End Date Present

Type of Patient 87 years old/ Female/ Geriatric care, Hypertension {Mobile/ Wheelchair-bound}

Duties Management of Medication, Monitoring and Recording vital signs, Changing Diaper, Transferring from bed to wheelchair and vice versa, Meal Preparation, Assist in small walking using cane, Oral Feeding, Assist in passive range of motions exercises, Provide massages, Accompany to Dr. visits, Assist in Bathing, Grooming, Dressing, Perineal Care, Changing bed linens , wound care if any

Reason for Leaving Applying abroad

Job Designation Private Caregiver

Company Name / Employer Mr. Dunga Tan

Address General Santos City, Philippines

Start Date May 22, 2019

End Date July 4, 2022

Type of Patient 85 years old/ Female/ Parkinson and Ashtma {Wheelchair-bound}

Duties Management of Medication, Monitoring and Recording vital signs, Changing Diaper, Transferring from bed to wheelchair and vice versa, Nebulization 3x a day, Monitoring CPAP Machine, Meal Preparation, Oral Feeding, Assist in passive range of motions exercises, Provide massages, Accompany to Dr. visits, Assist in Bathing, Grooming, Dressing, Perineal Care, Changing bed linens , wound care if any

Reason for Leaving Finished Contract

INTERNSHIP / ON THE JOB TRAINING

Hospital / Care Institution Dr. George Royeca Hospital

Start Date August 20 , 2017

End Date November 20, 2017

Assigned Wards Medical Ward

Type of Patients Handled Various type of patients

MEDICAL HISTORY/DIETARY RESTRICTIONS

Allergies (if any) Skin allergy when I eat seafoods and too much chicken and egg

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
 iv Diabetes
 v Hypertension

viii Malaria
 ix Operations
 x Others

Physical disabilities None

Previous and existing injury (if any) None

Problem with Hearing or Eyesight (if any) None

Dietary restrictions Seafood

Food handling preferences No pork No beef No preference Others

Preference for rest day 4 rest days per month

Any other remarks can work during days off with compensation

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				5		
Care of Disabled	YES	4				5		

General Housework	YES	4	5 patient related
Cooking Please specify cuisines filipino dish	YES		
Language Abilities (spoken) Please specify English , Tagalog , Visaya			
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 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 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 checked="" type="checkbox"/> Others (<i>please specify</i>)
Asthma |

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

EJAN ANGELIKA DAIPAN

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

HEALTH CARE SERVICES

is awarded to

ANGELIKA D. EJAN

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

Unit Code	Unit Title	Unit Code	Unit Title
Basic Unit of Competency			
500311105	Participate in Workplace Communication	HCS23314	Prepare and Maintain Beds
500311106	Work in Team Environment	HCS23315	Collect and Maintain Linen Stocks at End – Users Location
500311107	Practice Career Professionalism	HCS23316	Assist in Patient Mobility
500311108	Practice Occupational Health and Safety Procedures	HCS23317	Assist in Transporting Patients
		HCS23318	Assist in Bio-psychosocial Support Care of Patients
		HCS23319	Handle Waste in a Health Care Environment
Common Unit of Competency			
HCS23201	Implement and Monitor Infection Control Policies and Procedures		
HCS23202	Respond Effectively to Difficult/Challenging Behavior		
HCS23203	Apply Basic First Aid		
HCS23204	Maintain High Standard of Patient Services		

Signature of the certificate holder
Certificate No. **19128002003179**

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

ULI: EAD-97-701-12080-001



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



CLN-NQ-3862657

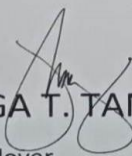
CERTIFICATION

This is to certify Ms. Angelika D. Ejan has employed with us as Caregiver from May 22, 2019 to July 04, 2022.

This is to further certify that she has no derogatory records during her entire employment.

This certification is issued for employment purpose only.

Issued on September 30, 2022 at General Santos City.


DUNGA T. TAN
Employer

