

**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 Gracel Mato Gurria
Date of Birth May 15, 1989 **Age** 34
Place of Birth Talibon, Bohol
Nationality Filipino **Gender** Female
Marital Status Widowed **Religion**
Height 164 cm **Weight** 53 kg
Residential Address in Home Country
148 Lower Sto.Nino Brgy. Sta.Cruz Antipolo City
Name of Port / Airport to be Repatriated to NAIA
Contact Number in Home Country
Number of Siblings 2 of 10 (e.g. 3 of 5)
Number of Children 2 **Age(s) of Children (if any)** 10, 4

**HIGHEST EDUCATIONAL LEVEL**

Qualification High School Graduate
Name of School Meycuayan National High School
Location Meycuayan, Masbate
Start Date June 4, 2001
End Date April 1, 2005

TRAININGS AND SEMINARS ATTENDED

Title Performing Caring skills
Training Centre TESDA
Location East Service Rd. South Luzon Expressway, Fort Bonifacio Taguig
Start Date April 15, 2023
End Date April 15, 2023

Title Developing the Ability to Recognize Aging Process
Training Centre TESDA
Location East Service Rd. South Luzon Expressway, Fort Bonifacio Taguig

Start Date April 15, 2023
End Date April 15, 2023
Title Introduction to Caregiving
Training Centre TESDA
Location East Service Rd. South Luzon Expressway, Fort Bonifacio Taguig
Start Date April 13, 2023
End Date April 13, 2023

LICENSURE AND CERTIFICATION

Title National Certificate II Caregiving (ELDERLY)
Institution TESDA
Location East Service Rd. South Luzon Expressway, Fort Bonifacio Taguig
Registration Date May 26, 2023

CARE RELATED WORK EXPERIENCE

Job Designation Caregiver
Company Name / Employer Jaycee Manlangit
Address Antipolo Rizal
Start Date May 19, 2019
End Date February 20, 2022
Type of Patient 52 years old Male with CKD, Hypertension and Diabetes
Duties *Meal Preparation*Toileting *Bathing *Grooming *Dressing *Assist care recipient with Mobility Device *Taking, Monitoring and Recording Vital Signs *Provide passive range of motion exercises *Pulse Oximeter * Glucose Monitoring * BP Monitoring *Accompany patient to Dialysis Center *Give Medications
Reason for Leaving Passed Away

Job Designation Caregiver
Company Name / Employer Conchita Garcia
Address Talibon, Bohol
Start Date March 6, 2022
End Date April 8, 2023
Type of Patient 82years old Female with Hypertension
Duties *Meal Preparation *Assist patient in Bathing,Grooming,Dressing *Assist care recipient with Mobility Device *Provide passive range of motion exercises* BP Monitoring *Give Medications *Cleaning Room
Reason for Leaving Applying Abroad

INTERNSHIP / ON THE JOB TRAINING

Hospital / Care Institution EJ Training & Assesment Center Inc.
Start Date April 16, 2023
End Date May 26, 2023
Assigned Wards Geriatric Wards
Type of Patients Handled Elderly

MEDICAL HISTORY/DIETARY RESTRICTIONS

Allergies (if any)

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 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		
Care of Elderly	YES	3	5
Care of Disabled	YES		
General Housework	YES	1	5
Cooking Please specify cuisines filipino dish	YES		
Language Abilities (spoken) Please specify English , Tagalog			
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 checked="" 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

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

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 (ELDERLY)

is hereby awarded to

GRACEL M. GURRIA

*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

BASIC COMPETENCIES

- 400311210 Participate in workplace communication
- 400311211 Work in team environment
- 400311212 Solve/address general workplace problems
- 400311213 Develop career and life decisions
- 400311214 Contribute to workplace innovation
- 400311215 Present relevant information
- 400311216 Practice occupational safety and health policies and procedures
- 400311217 Exercise efficient and effective sustainable practices in the workplace
- 400311218 Practice entrepreneurial skills in the workplace

Unit Code Unit Title

COMMON COMPETENCIES

- HHC532201 Implement and monitor infection control policies and procedures
- HHC532202 Respond effectively to difficult/challenging behavior
- HHC532203 Apply basic first aid
- HHC532204 Maintain high standard of patient / client services

Unit Code Unit Title

CORE COMPETENCIES

- HHC532320 Develop the ability to recognize aging process
- HHC532321 Participate in the implementation and monitoring of client's care plan
- HHC532322 Perform caring skills
- HHC532323 Perform specialty care procedures
- HHC532324 Assist client in administering prescribed medication



Gracel M. Gurria

Certificate No: **23130102007502**
ULI-GGM-89-675-05041-001

Daniло P. Cruz
DANILO P. CRUZ

TESDA DIRECTOR GENERAL

Issued on: **May 26, 2023**

Valid until: **May 25, 2028**



This certificate is system generated through T2MIS



TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
NATIONAL INSTITUTE FOR TECHNICAL EDUCATION AND SKILLS DEVELOPMENT (NITESD)
EAST SERVICE ROAD, SOUTH LUZON EXPRESSWAY (SLEX), FORT BONIFACIO, TAGUIG CITY

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

Gurria Mato Gracel

HAS COMPLETED THE COURSE

**Participating in the Implementation and Monitoring
of Client's Care Plan**

ON April 15, 2023

This is a computer generated certificate,
it is valid even without a signature.

For verification purposes, contact:
eTESDA Division
tesdaonlineprogram@tesda.gov.ph (02) 8893 - 8297



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TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
NATIONAL INSTITUTE FOR TECHNICAL EDUCATION AND SKILLS DEVELOPMENT (NITESD)
EAST SERVICE ROAD, SOUTH LUZON EXPRESSWAY (SLEX), FORT BONIFACIO, TAGUIG CITY

CERTIFICATE OF COMPLETION

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Gurria Mato Gracel

HAS COMPLETED THE COURSE

Developing the Ability to Recognize Aging Process

ON April 15, 2023

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NATIONAL INSTITUTE FOR TECHNICAL EDUCATION AND SKILLS DEVELOPMENT (NITESD)
EAST SERVICE ROAD, SOUTH LUZON EXPRESSWAY (SLEX), FORT BONIFACIO, TAGUIG CITY

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

Gurria Mato Gracel

HAS COMPLETED THE COURSE

Introduction to Caregiving

ON April 13, 2023

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For verification purposes, contact:
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tesdaonlineprogram@tesda.gov.ph (02) 8893 - 8297



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TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
NATIONAL INSTITUTE FOR TECHNICAL EDUCATION AND SKILLS DEVELOPMENT (NITESD)
EAST SERVICE ROAD, SOUTH LUZON EXPRESSWAY (SLEX), FORT BONIFACIO, TAGUIG CITY

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

Gurria Mato Gracel

HAS COMPLETED THE COURSE

Performing Caring Skills

ON April 15, 2023

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tesdaonlineprogram@tesda.gov.ph (02) 8893 - 8297



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Republika ng Pilipinas
Republic of the Philippines
Kagawaran ng Edukasyon
Department of Education
REGION V
SANGAY NG MASBATE

Meycauayan National High School

Pinatunayan nito na si

This certifies that

Gracel R. Mlato

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Sekondarya pangkurikulum para sa

has satisfactory completed the requirement for graduation in Secondary Curriculum

Mataas na Paaralang Ng Kagawaran ng Edukasyon kaya pinagkalooban siya nitong

School of the Department of Education and therefore this



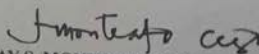
Katunayan

CERTIFICATE

Magdaan sa Lungsod ng Meycauayan Masbate, Pilipinas nitong Ika-01 ng Abril 2005.

Signed at Meycauayan Masbate, Philippines in the 01st day of April 2005.

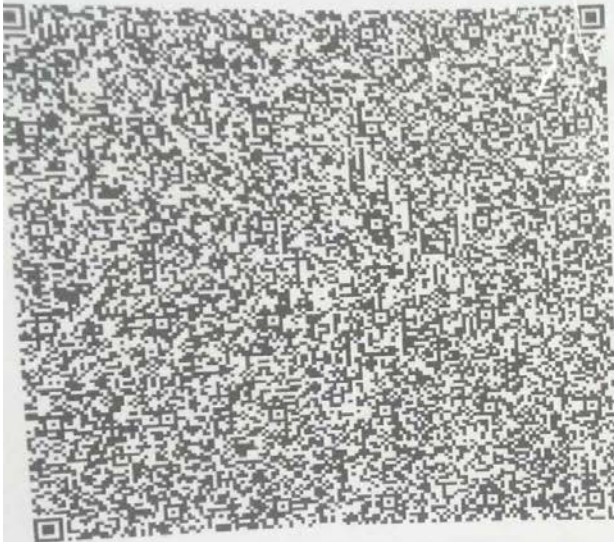

HEROLD ACALISTA
Punong-Guro I
Principal I


JAY S. MONTEALTO, CESO
Tagapamanihala
School Superintendent



VaxCertPH

COVID-19 VACCINATION CERTIFICATE



VACCINEE DETAILS

Full Name:

GRACEL MATO GURRIA

Date of Birth:

15-May-1989

Issuer:

Philippine Department of Health

Issuance Date and Time:

19-Jul-2022 01:52 PM

This is a secure QR code and can be verified by using the scan functionality at <https://vaxcert.doh.gov.ph/>

Certificate ID: 349825700

Dose Number	Date of Vaccination	Vaccine/ Prophylaxis	Brand, Manufacturer	Lot Number	Country of Vaccination
1	09-Dec-2021	COVID-19 vaccine, inactivated virus	CoronaVac, Sinovac	C202108161	Philippines
2	06-Jan-2022	COVID-19 vaccine, inactivated virus	CoronaVac, Sinovac	2021100788	Philippines

