



**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** CANETE METHA CRUSE

**Date of Birth** April 18, 1986 **Age** 37

**Place of Birth** Trinidad Bohol, Philippines

**Nationality** Filipino **Gender** Female

**Marital Status** Single **Religion** Catholic

**Height** 152 cm **Weight** 60 kg

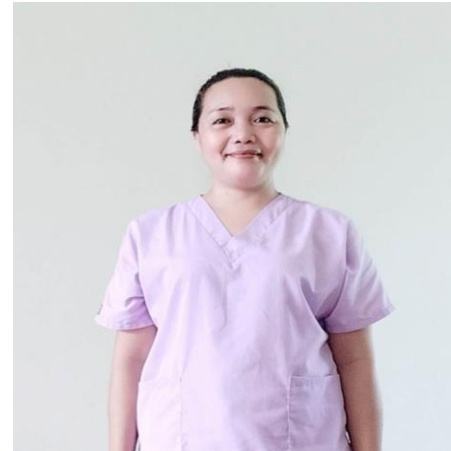
**Residential Address in Home Country**  
Guinobatan, Trinidad Bohol Philippines

**Name of Port / Airport to be Repatriated to** Mactan

**Contact Number in Home Country** =====

**Number of Siblings** 3 of 9 *(e.g. 3 of 5)*

**Number of Children** 0 **Age(s) of Children (if any)** n/a



**HIGHEST EDUCATIONAL LEVEL**

**Qualification** Graduated in Business Administration

**Name of School** BIT International College

**Location** Bohol, Philippines

**Start Date** 2008

**End Date** 2012

**TRAININGS AND SEMINARS ATTENDED**

**Title** Caregiving NCII

**Training Centre** UHA Caregiver Training Zaniviv Corporation

**Location** Mandaue, Philippines

**Start Date** 2019

**End Date** February 2020

**LICENSURE AND CERTIFICATION**

**Title** National Certificate II in Caregiving

**Institution** Technical Education and Skills Development Authority  
**Location** Mandaue , Philippines  
**Registration Date** June 3, 2022

#### CARE RELATED WORK EXPERIENCE

**Job Designation** Private Caregiver  
**Company Name / Employer** Mr. Lava  
**Address** Cebu City, Philippines  
**Start Date** March 11, 2023  
**End Date** Present  
**Type of Patient** 69 years old/ Male/ Colon Cancer Survivor (Mobile)  
**Duties** Assist in his daily activities such as Bathing , Grooming, Dressing, Toileting, Walking, Management of his medication as per prescribed, Accompany to dr. visits and check-ups, Assist in passive range of motion exercises, Meal Preparation, Checking vital signs.  
**Reason for Leaving** Applying abroad

**Job Designation** Private Caregiver  
**Company Name / Employer** Mr. Alonso  
**Address** Cebu City, Philippines  
**Start Date** July 20, 2022  
**End Date** February 15, 2023  
**Type of Patient** 85 years old/ Male/ Diabetic/ Blurred vision/ Hard of Hearing (Mobile)  
**Duties** Checking vital signs, Assist in his daily activities such as Bathing , Grooming, Dressing, Toileting, Walking, Management of his medication as per prescribed, Accompany to dr. visits and check-ups, Assist in passive range of motion exercises, Meal Preparation, Perform patient related chores , Injection of insulin, Glucose Monitoring and management  
**Reason for Leaving** End Contract

**Job Designation** Private Caregiver  
**Company Name / Employer** Alforo Nursing Care / Madam Tan  
**Address** Cebu City, Philippines  
**Start Date** January 2019  
**End Date** July 15, 2022  
**Type of Patient** 93 years old/ Female / Dementia / Weak legs/ Pnuemonia (Wheelchair bound-Bedridden)

**Duties** Turning positions to avoid bedsores, Perform light massages ,Management of Medication, Transferring from bed to wheelchair, Wound Care, Changing diapers, Assist in Bathing, Grooming, Dressing, Assist in Passive range of motion exercises, meal Preparation, Oral feeding, Perineal Care, Oral Care, Checking vital signs, Changing bed linens , Accompany to dr. visits and check-ups.

**Reason for Leaving** Finished Contract

**INTERNSHIP / ON THE JOB TRAINING**

**Hospital / Care Institution** Municipality of Liloan Health Office  
**Start Date** July 25, 2022  
**End Date** September 2022  
**Assigned Wards** Liloan Community Medical and Emergency Services  
**Type of Patients Handled** Various types of patient

**MEDICAL HISTORY/DIETARY RESTRICTIONS**

**Allergies (if any)** None

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

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

| <b>Areas of Work</b>   | <b>Willingness</b><br>Yes/No | <b>Experience</b><br>Yes/No<br>If yes, state<br>the no. of<br>years | <b>Assessment/Observation</b><br>Please state qualitative observations of FDW and/or<br>rate the FDW<br>(indicate N.A. of no evaluation was done)<br>Poor .....Excellent...N.A.<br>1 2 3 4 5 N.A. |
|--|------------------------------|---|---|
| Care of infants/children<br>Please specify age range                         | YES                          | 0   | 0   |
| Care of Elderly  | YES                          | 4+  | 5   |
| Care of Disabled   | YES                          | 3   | 5   |
| General Housework  | YES                          | 4+  | 5 patient related   |
| Cooking<br>Please specify cuisines<br>filipino dish                          | YES                          |   |   |
| Language Abilities (spoken)<br>Please specify<br>English , Tagalog , Visayan |                              |   |   |
| Other Skills (if any)<br>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) |
|--|--|-----------------------------------|------------------------------------|---|
| <b>Basic Caregiving Skills (To assist the Care Recipient in Activities of Daily Living/ADLs)</b> |  |                                   |                                    |   |
| 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   |
| <b>General Nursing Skills</b>  |  |                                   |                                    |   |
| NGT Feeding  | X  |                                   |                                    |   |
| PEG Feeding  | X  |                                   |                                    |   |
| Urinary Catheter Care  | X  |                                   |                                    |   |
| Stoma Care   | X  |                                   |                                    |   |
| Glucose Monitoring and Management  |  |                                   |                                    | X   |
| Wound Care   |  |                                   |                                    | X   |
| <b>Specialized Nursing Skills</b>  |  |                                   |                                    |   |
| 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 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 checked="" type="checkbox"/> Diabetes                          | <input type="checkbox"/> Stroke  |
| <input type="checkbox"/> Heart Disease                                | <input checked="" type="checkbox"/> Others ( <i>please specify</i> )<br>Pneumonia, Weak legs, blurred vision,<br>hard in hearing |

*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**

CANETE METHA CRUSE

\_\_\_\_\_  
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

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Employer Name and Signature

Date



Republic of the Philippines  
 TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

# NATIONAL CERTIFICATE II

in  
**CAREGIVING**

is awarded to  
**METHA C. CAÑETE**

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

### BASIC COMPETENCIES

- 500311105 Participate in Workplace Communication
- 500311106 Work in a Team Environment
- 500311107 Practice Career Professionalism
- 500311108 Practice Occupational Health and Safety Procedures

### COMMON COMPETENCIES

- HCS323201 Implement and Monitor Infection Control Policies and Procedures
- HCS323202 Respond Effectively to Difficult/Challenging Behavior
- HCS323203 Apply Basic First Aid
- HCS323204 Maintain High Standard of Patient Services

### CORE COMPETENCIES

- HCS323301 Provide Care and Support to Infants/Toddlers
- HCS323302 Provide Care and Support to Children
- HCS323303 Foster Social, Intellectual, Creative and Emotional Development of Children
- HCS323304 Foster the Physical Development of Children
- HCS323305 Provide Care and Support to Elderly
- HCS323306 Provide Care and Support to People with Special Needs
- HCS323307 Maintain Healthy and Safe Environment
- HCS323308 Respond to Emergency
- HCS323309 Clean Living Room, Dining Room, Bedroom, Toilet and Bathroom
- HCS323310 Wash and Iron Clothes, Linens and Fabrics
- HCS323311 Prepare Hot and Cold Meals

Signature of the certificate holder  
 Certificate No. **22072202026670**  
**CMC-86-638-07012-001**

Issued on : **June 3, 2022**  
 Valid until: **June 2, 2027**

**SEC. ISIDRO S. LAPEÑA Ph. D., CSEE**

Director General



CLN-NQ- 6188578







2F H. Franco Bldg. Highway, Mandaue City, Cebu

# UHA CAREGIVER TRAINING ZANIVIV CORPORATION

Mandaue City

To all whom these presents shall come

## Training Certificate

Be it known that

# M<sup>rs</sup> METHA C. CAÑETE

For *she* has satisfactorily completed the CAREGIVING NC II as prescribed by the Technical Education and Skills Development Authority (TESDA) and on the basis of the School's full compliance with the Training Regulations for the course and the Recommendation of the school board has awarded this

### DIPLOMA

With all the honors, rights and privileges as well as obligations and responsibilities pertaining thereto. In testimony whereof, the seal of the Corporation and the signatures of the Corporation officials are hereunto affixed.

Given at Mandaue City, this 2<sup>nd</sup> day of February in the year of our Lord 2020

CERTIFICATE OF TVET PROGRAM  
DA WTR NO. 20190746HHCCGV2019

0722-HHCCGV207-0266-2022  
Date of issuance: June 15, 2022

CERTIFICATE OF TVET PROGRAM  
REGISTRATION WTR NO. 20190746HHCCGV207089

Special Order No.:  
0722-HHCCGV207-0266-2022  
Date of issuance: June 15, 2022

*Nicolas M. Bagulo Jr.*  
Nicolas M. Bagulo Jr., MBM  
School President

*Nicolas M. Bagulo Jr.*  
Engr. Nicolas M. Bagulo Jr., MBM  
School President

- Basic Competencies
- Participating in workplace communication
  - Working in a team environment
  - Practicing proper communication
  - Practicing occupational health and safety procedures

- Common Competencies
- Implementing and monitor infection control policies and procedures
  - Responding effectively to difficult/challenging behavior
  - Applying Basic First Aid
  - Maintaining high standards of hygiene

- Core Competencies
- Providing care and support to children
  - Fostering social, intellectual, creative and emotional development of children
  - Providing care and support to elderly
  - Providing care and support to people with special needs
  - Maintaining healthy and safe environment
  - Responding to emergencies
  - Cleaning living rooms, dining rooms, bedrooms, toilet and bathroom
  - Washing and drying clothes, clean and iron
  - Preparing hot and cold meals



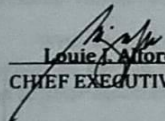
**PROVIDING CARE WITH A HEART  
AND SERVICE WITH A SMILE**

## **CERTIFICATION**

This is to certify that **Metha C. Cañete** is been employed as **Private Duty Caregiver** at the office of **ALFORO NURSING CARE** assigned at one of our patient here in **CEBU** since **January 2019** up to **July 2022**. He/She is found to be efficient and can depend upon in the performance of her assigned duties and responsibilities.

This certification is issued upon the request of the said party for whatever purpose it may serve her/him best.

Issued this **15<sup>th</sup> day of July, 2022** at Gov. M. Cuenco Ave., Banilad Cebu City, Phillipines

  
Louie J. Alforo R.N.  
CHIEF EXECUTIVE OFFICER

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Tel. No: (032) 412-13-29, Mobile No.: (+63) 961 205 1147  
Gov. M. Cuenco Ave., Banilad Cebu City, Phillipines

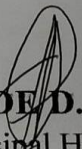


Republic of the Philippines  
Province of Cebu  
Municipality of Liloan  
**OFFICE OF THE MUNICIPAL HEALTH OFFICER**

### **CERTIFICATION**

This is to certify that **Metha C. Cañete** has rendered service as a volunteer in Liloan Community Medical and Emergency Services from July 25, 2022 up to present.

Given this **1<sup>st</sup> day of September, 2022** in the Municipality of Liloan, Cebu, Philippines.

  
**SIMON CLYDE D. CAPUTOL, M.D.**  
Municipal Health Officer  
License no. 117912

