



**ASEANA CAREGIVERS PTE LTD**

License No: 07C4867 Reg No: 201022663H  
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Website: www.caregivers.com.sg  
Email: enquiry@aseanacaregivers.com.sg

*Profile*  
**LIVE-IN CAREGIVER**

**PERSONAL INFORMATION**

**Name** DELOS SANTOS FLORIEN CASTRO

**Date of Birth** November 22, 1975      **Age** 47

**Place of Birth** Dagupan City, Philippines

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

**Marital Status** Married      **Religion** Christian

**Height** 157 cm      **Weight** 54 kg

**Residential Address in Home Country**  
Perez Poblacion, Urdaneta Pangasinan

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

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

**Number of Siblings** 7 of 9 (e.g. 3 of 5)

**Number of Children** 3      **Age(s) of Children (if any)** 26,23,18



**HIGHEST EDUCATIONAL LEVEL**

**Qualification** High School Graduate

**Name of School** Dagupan City National High School

**Location** Dagupan City, Pangasinan Philippines

**Start Date** 1988

**End Date** 1992

**TRAININGS AND SEMINARS ATTENDED**

**Title** Caregiving NCII

**Training Centre** Ironrod Technical School Inc.

**Location** Mangaldan Pangasinan, Philippines

**Start Date** August 5, 2019

**End Date** February 1, 2020

**Title** CPR & Basic Life Support

**Training Centre** Ironrod Technical School Inc.

**Location** Mangaldan Pangasinan, Philippines

**Start Date** January 14, 2020  
**End Date** January 14, 2020  
  
**Title** Water Safety  
**Training Centre** Deltacom.Philippines  
**Location** San Fabian Pangasinan, Philippines  
**Start Date** August 24, 2019  
**End Date** August 24, 2019  
  
**Title** Hilot Massage  
**Training Centre** Ironrod Technical School Inc.  
**Location** Mangaldan Pangasinan, Philippines  
**Start Date** December 8, 2019  
**End Date** December 8, 2019

#### LICENSURE AND CERTIFICATION

**Title** National Certificate II in Caregiving  
**Institution** Technical Education and Skills Development Authority  
**Location** Pangasinan, Philippines  
**Registration Date** November 21, 2022

#### CARE RELATED WORK EXPERIENCE

**Job Designation** Private Caregiver  
**Company Name / Employer** Merlita Aquino  
**Address** Mangaldan Pangasinan Philippines  
**Start Date** January 2022  
**End Date** Present

**Type of Patient** 85 years old/ Female/ Hypertension, Diabetes, Rheumatism ( Wheelchair-bound)

**Duties** Assist in walking using walker, Assist in Bathing, Grooming, Dressing and Toileting, Diaper Change, Administer of medication as per prescribed by doctors, Accompany to dr. visits and check-ups , meal preparation, Transferring from bed to wheelchair, Monitoring and recording vital signs, Glucose monitoring and management , Provide massages, Assist in exercises and perform patient related chores

**Reason for Leaving** Applying Abroad

**Job Designation** Private Caregiver  
**Company Name / Employer** Mr. de Guzman  
**Address** Dagupan City, Philippines

**Start Date** March 2020  
**End Date** December 2021  
**Type of Patient** 85 years old/ Male/ Mild Stroke, Liver Disease, Dementia (Bedridden)  
**Duties** Monitoring vital signs , Turning position every 2 hours to avoid bedsores, Management of Medication, Accompany to dr. visits, Bed bathing, grooming , Dressing, Changing diapers, Oral Care, Transferring from bed to wheelchair when necessary, Massages , Exercising, Meal Preparation, Make bed linens  
**Reason for Leaving** Patient passed away

**Job Designation** Domestic Helper/ Cook  
**Company Name / Employer** Mr. Rodriguez  
**Address** UAE  
**Start Date** 2013  
**End Date** 2019

**Duties** Meal Preparation, Assist my employer in everything they (60+) need including assist in their daily activities such as preparation of medicines, preparing their things going to work and perform light household chores  
**Reason for Leaving** Finished Contract

**Job Designation** Cashier  
**Company Name / Employer** Abella Supermarket  
**Address** UAE  
**Start Date** 2011  
**End Date** 2013  
**Reason for Leaving** Finished Contract

**INTERNSHIP / ON THE JOB TRAINING**

**Hospital / Care Institution** Orchid Carehome, Inc.  
**Start Date** January 21, 2020  
**End Date** February 2, 2020  
**Assigned Wards** Nursing Home  
**Type of Patients Handled** Various type 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
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) Poor .....Excellent...N.A. 1 2 3 4 5 N.A.					
Care of infants/children Please specify age range	YES	0				4		
Care of Elderly	YES	3				5		
Care of Disabled	YES	1+				5		

General Housework	YES	3	5 patient related
Cooking Please specify cuisines filipino dish , Columbian food	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)
<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 type="checkbox"/> Alzheimer's Disease/Dementia                 | <input checked="" type="checkbox"/> Hypertension                                      |
| <input checked="" 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 checked="" type="checkbox"/> Diabetes                          | <input checked="" type="checkbox"/> Stroke  |
| <input type="checkbox"/> Heart Disease                                | <input checked="" type="checkbox"/> Others ( <i>please specify</i> )<br>liver disease |

*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**

DELOS SANTOS FLORIEN CASTRO

\_\_\_\_\_  
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

**FLORIEN C. DELOS SANTOS**

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

500311105	Participate in workplace communication	HCS323303	Foster social, intellectual, creative and emotional development of children
500311106	Work in a team environment	HCS323304	Foster the physical development of children
500311107	Practice career professionalism	HCS323305	Provide care and support to elderly
500311108	Practice occupational health and safety procedures	HCS323306	Provide care and support to people with special needs
HCS323201	Implement and monitor infection control policies and procedures	HCS323307	Maintain healthy and safe environment
HCS323202	Respond effectively to difficult/challenging behavior	HCS323308	Respond to emergency
HCS323203	Apply basic first aid	HCS323309	Clean living room, dining room, bedrooms, toilet and bathroom
HCS323204	Maintain high standard of patient services	HCS323310	Wash and iron clothes, linen and fabric
HCS323301	Provide care and support to infants/toddlers	HCS323311	Prepare hot and cold meals
HCS323302	Provide care and support to children		

Signature of the certificate holder  
 Certificate No. **20015502002092**  
 ULI: **DFC-75-922-01055-001**

Issued on : **January 18, 2020**  
 Valid until: **January 17, 2025**



CLN-NQ- 4797077

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







Republic of the Philippines  
**TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY**

# NATIONAL CERTIFICATE II

in  
**DOMESTIC WORK**

is awarded to  
**FLORIEN C. DELOS SANTOS**

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

Unit Code	Basic Units of Competency	Unit Code	Core Units of Competency
500311105	Participate in workplace communication	HCS913301	Clean living room, dining room, bedrooms, toilet and kitchen
500311106	Work in team environment	HCS913302	Wash and iron clothes, linens and fabrics
500311107	Practice career professionalism	HCS913303	Prepare hot and cold meals/food
500311108	Practice occupational health and safety procedures	HCS913304	Provide food and beverage service
Unit Code	Common Units of Competency		
HCS913201	Maintain an effective relationship with clients and customers		
HCS913202	Manage own performance		

Signature of the certificate holder  
 Certificate No. 22130602039071  
 ULI:DFC-75-922-01055-001

Issued on : November 21, 2022  
 Valid until: November 20, 2027



CLN-NQ- 6480667

*Daniilo P. Cruz*  
**DANILO P. CRUZ**  
 Director General



FLORIEN C. DELOS SANTOS



Certificate No. 021020-0201-02

UJI # DFC-75-922-01055-001



Republic of the Philippines  
**IRON ROD TECHNICAL SCHOOL, INC.**  
(Formerly Ironrod International Caregiving Training Center, Inc.)  
3<sup>rd</sup> Floor, Jayo Bldg., Mangaldan, Pangasinan  
TESDA Accredited WTR # 20210155HHCGV207093

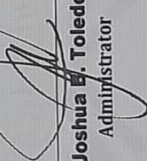
# Certificate Of Completion

is issued to

**FLORIEN C. DELOS SANTOS**  
in  
**Caregiving NC II**

*Complete Training for One thousand Eighty (1,080) hours with hands-on participation in all Caregiving Procedures at IRONROD TECHNICAL SCHOOL, JNC. at Mangaldan, Pangasinan.  
Given this 1<sup>ST</sup> day of February 2020.*



  
**Dr. Joshua B. Toledo, MD**  
Administrator

Florien C. Delos Santos  
Picture & Signature of Certificate Holder











## ORCHID CAREHOME, INC.

#301 Bolosan District, Dagupan City 2400 Pangasinan, Philippines  
Tel. 075-529-02-56  
email: [floridaclares\\_06@yahoo.com.ph](mailto:floridaclares_06@yahoo.com.ph)  
fb acct: [orchidcarehomeinc19@yahoo.com](https://www.facebook.com/orchidcarehomeinc19)

### SERVICE CERTIFICATE

This is to certify that **Florien C. delos Santos** a Caregiving NC2 trainee of IRONROD TECHNICAL SCHOOL, INC. Located at Jayo Building, Poblacion Mangaldan, Pangasinan has satisfactory completed (240hrs.) of care home training from: January 21 to February 12, 2020

The student performed the following procedures to Geriatric Patients:

- Taking Vital Signs
- Provides Perennial Care for incontinent patients
- Morning Care/Evening Care
  - a. Bathing
  - b. Mouth Care
  - c. Finger Care
  - d. Hair Care
  - e. Bed bathing
  - f. Diaper Changing
- Make an occupied and unoccupied bed
- Light housekeeping include: dusting, toilet cleaning & garbage disposal
- Prepared meal followed by clean-up
- Feeding an elderly patients
- Feed patient thru Nasogastric Tube Feeding
- Assist patients in walking & light exercise
- Assist patients with use of Foley Catheter, urinal and bedpan
- Assist patients in positioning and transferring

Given this 13th day of February 2020 at ORCHID CAREHOME INC., Bolosan District Dagupan City, Philippines.

*FP. Clores*  
Florida P. Clores  
General Manager

*Evelyn C. O'Connor*  
Evelyn C. O'Connor  
Clinical Director

*Patrick Anthony O'Connor*  
Patrick Anthony O'Connor  
Chief Executive Officer

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