



**ASEANA CAREGIVERS PTE LTD**

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*Profile*  
**LIVE-IN CAREGIVER**

**PERSONAL INFORMATION**

**Name** FABRIGAR IVY BARANDA  
**Date of Birth** June 6, 1991 **Age** 32 years old  
**Place of Birth** Iloilo City, Philippines  
**Nationality** Filipino **Gender** Female  
**Marital Status** Single **Religion** Catholic  
**Height** 152 cm **Weight** 72 kg  
**Residential Address in Home Country**  
 Jarol Iloilo City, Philippines  
**Name of Port / Airport to be Repatriated to** Iloilo Airport  
**Contact Number in Home Country** =====  
**Number of Siblings** 2 of 2 (e.g. 3 of 5)  
**Number of Children** 0 **Age(s) of Children (if any)** n/a



**HIGHEST EDUCATIONAL LEVEL**

**Qualification** High School Graduate  
**Name of School** Iloilo National High School  
**Location** Iloilo City, Philippines  
**Start Date** 2004  
**End Date** 2008

**TRAININGS AND SEMINARS ATTENDED**

**Title** Professional Caregiver NC II  
**Training Centre** St. Augustine  
**Location** Iloilo City, Philippines  
**Start Date** December 2018  
**End Date** May 2019

**LICENSURE AND CERTIFICATION**

**Title** National Certificate II in Caregiving

**Institution** Technical Education and Skills Development Authority  
**Location** Iloilo City, Philippines  
**Registration Date** May 15, 2019

#### CARE RELATED WORK EXPERIENCE

**Job Designation** Private Caregiver  
**Company Name / Employer** Mrs. Lourdes  
**Address** Iloilo City, Philippines  
**Start Date** May 2021  
**End Date** Present  
**Type of Patient** 93 years old/ Female/ Post Covid Patient, Geriatric Care (Mobile)

**Duties** Assist in Walking, Assist in Bathing, Grooming, Dressing and Toileting, Accompany to Dr. visits, Checking Vital signs, Management of Medication (supplements) , Assist in exercises and provide light massages, Perform patient related chores

**Reason for Leaving** Applying Abroad

**Job Designation** Private Caregiver  
**Company Name / Employer** Leandri Family  
**Address** Iloilo City, Philippines  
**Start Date** January 2019  
**End Date** December 2019  
**Type of Patient** 64 years old/ Female/ COPD, Stroke with NGT (Mobile- Bedridden)

**Duties** Nebulization, NGT feeding, Bed bathing, Grooming, Dressing, NGT feeding for 3 months after hospitalization, Meal Preparation, Assist in walking during her early times, Transferring from bed to wheelchair when necessary, Perineal Care, Oral care, Turning positions, Provide light massages, Assist in exercises, Monitoring and checking vital signs

**Reason for Leaving** Passed away

**Job Designation** Private Caregiver  
**Company Name / Employer** Mr. Efren  
**Address** Iloilo City, Philippines  
**Start Date** February 2018  
**End Date** December 2018  
**Type of Patient** 65 years old/ Male/ CKD, Nephrectomy (Mobile)

**Duties** Assist in Dressing, Grooming, Dressing, Management of Medication, Meal Preparation, Checking vitals signs, Accompany to dr. check-ups, Personal Assisting in all his needs

**Reason for Leaving** Patient recovered

**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 checked="" type="checkbox"/> <input type="checkbox"/> |
| <b>v</b>   | Hypertension   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>x</b>    | Others        | Cyst removal <input type="checkbox"/>                        |

**Physical disabilities**            None

**Previous and existing injury (if any)**            None

**Problem with Hearing or Eyesight (if any)**            Reading Glass

**Dietary restrictions**            None x

**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<br>Yes/No | Experience<br>Yes/No<br>If yes, state<br>the no. of<br>years | Assessment/Observation  |  |  |  |  |  |
|--|-----------------------|--|---|--|--|--|--|--|
|  |                       |  | Please state qualitative observations of FDW and/or 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  | 4   |  |  |  |  |  |

|  |     |    |                          |
|--|-----|----|--------------------------|
| Care of Elderly  | YES | 4  | 5                        |
| Care of Disabled   | YES | 1+ | 5                        |
| General Housework  | YES | 5  | 5 patient related chores |
| Cooking<br>Please specify cuisines<br>filipino dish                | YES |    |                          |
| Language Abilities (spoken)<br>Please specify<br>English , Tagalog |     |    |                          |
| 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</b> (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   |
| <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 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 checked="" type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Spinal Chord Injury   |
| <input type="checkbox"/> Diabetes  | <input checked="" type="checkbox"/> Stroke   |
| <input type="checkbox"/> Heart Disease   | <input checked="" type="checkbox"/> Others ( <i>please specify</i> )<br>Geriatric Care |

*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**

FABRIGAR IVY BARANDA

\_\_\_\_\_  
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

**IVY B. FABRIGAR**

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                          | HCS323301 | Provide care and support to infants/toddlers                                |
| 500311106 | Work in team environment  | HCS323302 | Provide care and support to children  |
| 500311107 | Practice career professionalism                                 | HCS323303 | Foster social, intellectual, creative and emotional development of children |
| 500311108 | Practice occupational health and safety procedures              | HCS323304 | Foster the physical development of children                                 |
| Unit Code | Common Units of Competency                                      | HCS323305 | Provide care and support to elderly   |
| HCS323201 | Implement and monitor infection control policies and procedures | HCS323306 | Provide care and support to people with special needs                       |
| HCS323202 | Respond effectively to difficult/challenging behavior           | HCS323307 | Maintain healthy and safe environment                                       |
| HCS323203 | Apply basic first aid   | HCS323308 | Respond to emergency  |
| HCS323204 | Maintain high standard of patient services                      | 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. **19063002209369**  
 ULI: **FIB-91-706-06030-001**

Issued on : **May 15, 2019**  
 Valid until: **May 14, 2024**



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



CLN-NQ-4080837



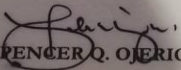
**CERTIFICATE OF COMPLETION**

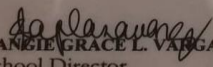
To Whom It May Concern:

This is to certify that **Ivy B. Fabrigar** has successfully completed the *Professional Caregiver NC II (830 Hrs.)* which includes **750 hours** of lecture and **80 hours** of hospital/institutional training, At St. Augustine School of Nursing – Iloilo City on May 17, 2019.

This certification is being issued upon the request of the above-mentioned name for whatever legal purposes it may serve her best.

Issued this <sup>17<sup>th</sup></sup> day of May, 2019 in the City of Iloilo, Philippines.

  
**SPENCER Q. OJERIO**  
Registrar  
St. Augustine School of Nursing

  
**VANGIE GRACE L. VARGAS**  
School Director  
St. Augustine School of Nursing



