

#### **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 ALVAREZ JEANYBELL MANALO

Date of Birth September 30, 1990 Age 32 years old

Place of Birth Puerto Galera Oriental Mindoro , Philippines

Nationality Filipino Gender Female

Marital Status Single Religion Roman Catholic

Height 170 cm Weight 80 kg

**Residential Address in Home Country** 

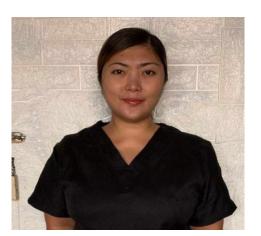
646 Purok 6 Brgy. Real Calamba , Laguna Philippines

Name of Port / Airport to be Repatriated to NAIA

Contact Number in Home Country

Number of Siblings 0 (e.g. 3 of 5)

Number of Children 3 Age(s) of Children (if any) 15.14,6



### HIGHEST EDUCATIONAL LEVEL

**Qualification** Alternative Learning System Accreditation and Equivalency (ALS A&E) Test

Name of School Sta. Elena High School
Location Marikina City, Philippines

End Date 2011

#### TRAININGS AND SEMINARS ATTENDED

Title Personal Health Support Worker- Caregiving

**Training Centre** Mj Padua Skills Development Inc.

**Location** Bulacan, Philippines

Start Date April 2021
End Date October 2021

Title Basic Nursing Skills Enhancement Program

**Training Centre** First Care Development Review and Tutorial Center

**Location** 28-Nov-21

Start Date November 28, 2021

End Date	November 28, 2021						
LICENSURE AND CERTIFICATION							
Title	National Certificate II in	National Certificate II in Caregiving					
Institution	Technical Education and	d Skills Development Autl	nority				
Location	Metro Manila						
Registration Date	January 20, 2022						
CARE RELATED WOR	K EXPERIENCE						
Job Designation	Private Careg	giver					
Company Name / En	nployer Mdm Heidi B	oot					
Address	Calamba , La	guna Philippines					
Start Date	February 202	21					
End Date	Present						
Type of Patient	63 years old/	Female/ Breast Cancer,	Diabetes (Ambulatory )				
Duties	Management of Medication, Monitoring and Recording vital signs, Assist in walking. Assist in passive range of motion exercises, Glucose monitoring and Management, Meal preparation with diet plan according to physician, Accompany to Dr. visit, Wound care, Injection of Insulin, Changing diapers, Assist in Bathing, Grooming, Dressing, Transferring from bed to wheelchair to commode after her operation, Conduct light massages and perform patient related chores.						
Reason for Leaving	Applying abr	oad					
MEDICAL HISTORY/E	DIETARY RESTRICTIONS						
Allergies (if any)							
Past and existing illn	esses (including chronic	ailments and illnesses re	equiring medication):				
<ul> <li>i Mental illness</li> <li>ii Epilepsy</li> <li>iii Asthma</li> <li>iv Diabetes</li> <li>v Hypertension</li> </ul>		vi vii viii ix x	Tuberculosis Heart disease Malaria Operations Others	Yes No  X X X X CS			
Physical disabilities	None						
Previous and existing	g injury (if any)	None					
<b>Problem with Hearin</b>	ng or Eyesight (if any)	Problem with Hearing or Eyesight (if any) None					

**Dietary restrictions** 

None

Food	handling	g preferences	No por	k N	o beef	☑ No preference	Others
Prefe	rence fo	r rest day	4	rest days per	month		
Any o	ther ren	narks can wo	ork 2 days o	off with comp	ensation		
SKILL	S						
Meth	od of Eva	aluation of Skills					
		on Caregiver/FDW g centre/EA	l's declarat	ion, no evalua	ation/obser	vation by Singapore	EA or overseas
$\boxtimes$	Intervi	ewed by Singapor	e EA				
	$\boxtimes$	Interviewed via te	elephone/t	eleconference	е		
	$\boxtimes$	Interviewed via v	ideoconfer	ence			
		Interviewed in pe	rson				
		Interviewed in pe	rson and a	lso made obs	ervation of	Caregiver/FDW in tl	ne areas of work

Areas of Work	<b>Willingness</b> 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)  PoorExcellentN.A.  1 2 3 4 5 N.A.
Care of infants/children Please specify age range 5 above	YES	0	4
Care of Elderly	YES	2.2	5
Care of Disabled	YES	1mon	5
General Housework	YES	2.2	5 patient related
Cooking Please specify cuisines Filipino Cuisine	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 I	in Activities of Daily	Livina/ADLs)		
Toileting (diaper change, use of commode)	Trectivities of Bully	Living, ND 23)	I	Х
Bathing (in the shower, bed bath)				X
Personal Hygiene, Grooming, Dressing				X
Transferring (bed to wheelchair and vice versa)		Х		
Assist care recipient with Mobility Device		х		
Oral Feeding		х		
Management of Medication				х
Meal Preparation				Х
Monitoring of Input and Output	Х			
Provide passive range of motion exercises				Х
Taking, Monitoring and Recording Vital Signs				Х
General Nursing Skills				
NGT Feeding	Х			
PEG Feeding	Х			
Urinary Catheter Care	Х			
Stoma Care	Х			
Glucose Monitoring and Management				X
Wound Care		Х		
Specialized Nursing Skills				
Tracheostomy Care	Х			
Suctioning	Х			
Home Ventilation and Respiratory Support Care	х			
Dementia Care	Х		_	
Palliative Care	Х			

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	Х			
Colostomy Bag	х			
CPAP Machine	Х			
Medical Ventilator	х			
Nebulizer	Х			
Peritoneal Dialysis Machine	х			
Pulse Oximeter				Х
Oxygen Concentrator	Х			
Suction Machine	Х			

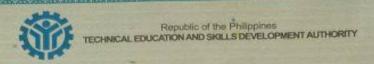
### **Types of Patients Handled**

Elderly	,		
	Alzheimer's Disease/Dementia		Hypertension
	Arthritis		Motor Neuron Disease
$\boxtimes$	Cancer and/or Palliative Care		Parkinson's Disease
	Chronic Kidney Disease (CKD)		Shingles
	Chronic Obstructive Pulmonary Disease (COPD)		Spinal Chord Injury
$\boxtimes$	Diabetes		Stroke
	Heart Disease		Others (please specify)
Infant	/Young Children		
	Autism		Down Syndrome
	Cancer		Epilepsy
	Cerebral Palsy		Others (please specify)
	Chronic Kidney Disease (CKD)		
AVAIL	ABILITY OF FDW TO BE INTERVIEWED BY PROSPECTIVE	EMPLOY	/ER
	FDW is not available for interview		
$\boxtimes$	FDW can be interviewed by phone		
$\boxtimes$	FDW can be interviewed by video-conference		
	FDW can be interviewed in person		
OTHE	R REMARKS		

ALVAREZ JEANYBELL MANALO	
Caregiver/FDW Name and Signature Date	EA Personnel Name and Registration Number Date
I have gone through this profile of the Caregive	er and confirm that I would like to employ her
Employer Name and Signature	
Date	







#### H NATIONAL CERTIFICATE

in

### CAREGIVING

is awarded to

## JEANYBELL MANALO ALVAREZ

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

Outrode HASIC COMPETENCES

500311105 Participate in Workplace Communication 500311106 Work in Team Environment

50031100 Work in Train Environment
50031107 Practice Green Professionalities at the workplace. SUCCESSION Processes Decognitional Proofs and Gallety Procedures

COMMON COMPETENCIES

HCS32301 Impact and months infection control policies and procedures HCS32300 Mointain healthy and safe environment

HCS323202 Respond effectively to difficulticitationing behaviors

HCS323200 Apply basic first aid

HC5323204 Mureum high standard of patient services

Unit Code Limit Title CORR COMPETENCIES

HCS22301 Provide core and support to infants/outdoor HCS323002 Provide core and support to children

HCS323003 Fister social, ICE development of children 14CS323706 Former the physical development of children

HCS323205 Provide care and support to olderly HCS323066 Provide care & separat to people with special reside

HC5323296 Bespond to everyway

HCE003009 Clean living room, diving more, bedroom, sollel and between HC8323210 Wash and less dethers, lines and febrics

HCS325211 Prepare hot and cold mean

MON Signature of the certificate holder
22130302000697 Certificate No. 2213030200 ULI: AJM-90-850-04034-001

Issued on: January 20, 2022 Valid until: January 19, 2027



SEC. ISTORO S. LAPENA, PhD., CSEE

Director General

CLN-NQ- 5885575



