

**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** PADILLA CHANTAL VALERIE CASTRO  
**Date of Birth** June 1, 1998 **Age** 25 years old  
**Place of Birth** Cabanatuan City, Nueva Ecija Philippines  
**Nationality** Filipino **Gender** Female  
**Marital Status** Single **Religion** Catholic  
**Height** 157 cm **Weight** 77 kg  
**Residential Address in Home Country**  
Castillo St. Brgy Victoria Llanera Nueva Ecija  
**Name of Port / Airport to be Repatriated to** Clarck / NAIA  
**Contact Number in Home Country** -----  
**Number of Siblings** 1 of 2 (e.g. 3 of 5)  
**Number of Children** 0 **Age(s) of Children (if any)** n/a

**HIGHEST EDUCATIONAL LEVEL**

**Qualification** Undergraduate in Information Technology (2yrs)  
**Name of School** Nueva Ecija Univesity of Science and Technology  
**Location** Nueva Ecija , Philippines  
**Start Date** 2015  
**End Date** 2017

**TRAININGS AND SEMINARS ATTENDED**

**Title** Caregiving  
**Training Centre** St. Augustine Foundation College  
**Location** Cabanatuan , Nueva Ecija  
**Start Date** December 2018  
**End Date** June 2019

**Title** Standard First Aid Training and Basic Life Support CPR/ AED  
**Training Centre** Prc Training Center  
**Location** Cabanatuan , Nueva Ecija Philippines

**Start Date** March 25, 2019  
**End Date** March 28, 2019

**LICENSURE AND CERTIFICATION**

**Title** National Certificate II in Caregiving  
**Institution** Technical Education and Skills Development Authority (TESDA)  
**Location** Cabanatuan , Nueva Ecija Philippines  
**Registration Date** February 24, 2020

**CARE RELATED WORK EXPERIENCE**

**Job Designation** Caregiver  
**Company Name / Employer** Mdm Recuenco  
**Address** San Fernando , Pampanga Philippines  
**Start Date** September 2021  
**End Date** Present  
**Type of Patient** 80 years old/ Female/ Cerebral Anuerysm with Tracheostomy , Catheter & PEG tube (Bedridden)

**Duties** Monitoring vital signs, Management of Medication, Suctioning, Tracheostomy Care, Bed Bathing, Grooming , Dressing, Changing Diaper, Turning position every 2 hours, Wound Care, Perineal Care, Assist physician during check up, PEG feeding, Meal Preparation, Oral care, Light massages, Assist in passive range of motion exercises, Transferring from bed to wheelchair whenever necessary , Management of Medication , Catheter Care, Monitoring of Input and Output

**Reason for Leaving** Applying abroad for better opportunities

**Job Designation** Caregiver  
**Company Name / Employer** Dra. De Leon  
**Address** San Antonio , Nueva Ecija Philippines  
**Start Date** August 2020  
**End Date** August 2021  
**Type of Patient** 80 years old/ Female/ Breast Cancer, Mild Anemia with NGT & Catheter (Ambulatory to Bedridden)

**Duties** NGT feeding, Meal Preparation, Administer of Medication , Monitoring Vital signs, Monitoring IVF , Assist in walking during her early times, Bed Bathing, Grooming , Dressing, Changing diapers, Perineal Care, Suctioning, Nebulization, Assist during check-ups, Assist in transferring from bed to wheelchair, Turning positions , Monitoring of Input and Output

**Reason for Leaving** Passed- away

**Job Designation** Caregiver  
**Company Name / Employer** Mdm Ligaya Cabico  
**Address** Llanera , Nueva Ecija Philippines  
**Start Date** September 2019  
**End Date** July 2020  
**Type of Patient** 80 years old/ Female/ Lung Cancer Stage 4 with Tracheostomy, NGT to PEG tube with Oxygen , Catheter (Bedridden)  
**Duties** Suctioning, Tracheostomy care , Catheter Care, Oxygen Monitoring (low flow) Nebulization, Monitoring of Input and Output , Monitoring Vital signs, Management of Medication, NGT feeding to PEG feeding, Meal Preparation, Turning positions, Bed bathing, Grooming , Dressing, Changing Diapers, Perineal Care, Light massages, motion exercises  
**Reason for Leaving** Patient will migrate to USA for treatment

**INTERNSHIP / ON THE JOB TRAINING**

**Hospital / Care Institution** Eduardo L. Joson Memorial Hospital  
**Start Date** June 3, 2019  
**End Date** June 28, 2019  
**Assigned Wards** General, Surgical , ER  
**Type of Patients Handled** Various type of patients

**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

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	3+	5					
General Housework	YES	3+	5 patient related chores					
Cooking Please specify cuisines filipino dish	YES							
Language Abilities (spoken) Please specify English , Tagalog								

Other Skills (if any) Please specify			
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### 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 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 checked="" type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Spinal Chord Injury   |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Stroke  |
| <input type="checkbox"/> Heart Disease   | <input checked="" type="checkbox"/> Others ( <i>please specify</i> )<br>Aneurysm, Anemic |

*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**

PADILLA CHANTAL VALERIE 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

**CHANTAL VALERIE C. PADILLA**

*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	Unit Code	Unit Title
500311105	Participate in Workplace Communication	HCS323302	Provide Care and Support to Children
500311106	Work in Team Environment	HCS323303	Foster Social, Intellectual, Creative and Emotional Development of Children
500311107	Practice Career Professionalism	HCS323304	Foster the Physical Development of Children
500311108	Practice Occupational Health and Safety Procedures	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, Bedrooms, Toilet and Bathroom
HCS323301	Provide Care and Support to Infants/Toddlers	HCS323310	Wash and Iron Clothes, Linen and Fabric
		HCS323311	Prepare Hot and Cold Meals

*Chantal Padilla*  
 Signature of the certificate holder  
 Certificate No. **20034902005641**  
 ULI: **PCC-98-701-03049-001**

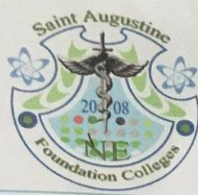
Issued on : **February 24, 2020**  
 Valid until: **February 23, 2025**



CLN-NQ- 5126943

*Isidro S. Lapeña*  
**SEC. ISIDRO S. LAPENA, PhD., CSEE**  
 Director General





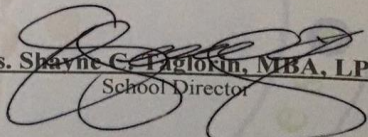
# St. Augustine Foundation Colleges of Nueva Ecija, Inc.

*Office of the School Director*

## **CERTIFICATION**

This is to certify that MS. CHANTAL VALERIE C. PADILLA has satisfactorily completed the modules under the course of Caregiving NC II at **St. Augustine Foundation Colleges – Cabanatuan Branch** which includes **910 Hours of Lecture and On-the-Job Training** last **June 28, 2019**.

This certification is being issued this 07<sup>th</sup> day of September, 2020 upon the request of **Ms. Padilla** for whatever legal purpose it may serve.

  
**Ms. Shayne C. Engloin, MBA, LPT**  
School Director

*Not valid without  
dry seal*

Cabanatuan City Branch:  
C-1 Bldg., Aduarte St. Way,  
Sanjamon Cde., Cabanatuan City  
Tel. No. (044) 940-9993

San Jose City Branch:  
Hermoganes Bldg., Buntala St.,  
San Jose City  
Tel. No. (043) 940-1058





PHILIPPINE RED CROSS

Nueva Ecija Chapter  
Llanera St., Old Capitol Compound, Cabanatuan City 3100  
Telefax Number (044) 463-1280

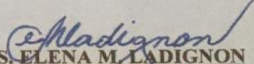


## CERTIFICATE OF PROFICIENCY

28 March 2019

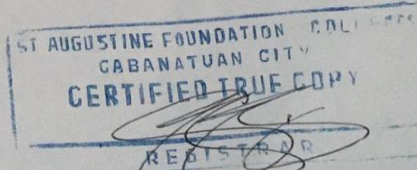
This is to certify Chantal Valerie C. Padilla has satisfactorily completed the Standard First Aid Training and Basic Life Support-CPR/AED Course conducted on March 25-28, 2019 at PRC Training Center, Cabanatuan City, Nueva Ecija. The training was conducted under the supervision of Mrs. Jean D. Pascual, Mr. Fromar B. Dela Cruz and Mr. Edgardo Jr. P. Abad.

This certification is being issued for reference purposes and shall be valid up to March 27, 2021 only.

  
MRS. ELENA M. LADIGNON  
Chapter Manager  
PRC- Nueva Ecija Chapter

Training & Certification O.R. Number: 3118558-A

Volunteers + Logistics + Information Technology = Successful Philippine Red Cross...Always First, Always Ready, Always There.





Republic of the Philippines  
Province of Nueva Ecija



**EDUARDO L. JOSON MEMORIAL HOSPITAL**  
(NUEVA ECILJA PROVINCIAL HOSPITAL)

# CERTIFICATE OF COMPLETION

to

**CHANTAL VALERIE C. PADILLA**

**for having completed the 120 hours**

**RELATED LEARNING EXPERIENCE FOR CAREGIVING NC II**

From June 03, 2019 to June 28, 2019 in the compliance to the requirements of the curriculum of Caregiving NC II Course at St. Augustine Foundation Colleges, Cabanatuan City.

Given this 28<sup>th</sup> day of June 2019 at the Eduardo L. Joson Memorial Hospital  
Bitas, Cabanatuan City, Nueva Ecija

**ARLENE R. PALAD, RN**  
Clinical Instructor

**ALEXANDER P. MALUBAG RN**  
Chief Nurse

**MELODY G. ENCOMIENDA, RN**  
Clinical Instructor

**DR. AUGUSTO F. ABELEDA JR.**  
Chief of Hospital



