



**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**

<b>Name</b>	PELIGRO JASMIN DUMADAG		
<b>Date of Birth</b>	June 29, 1988	<b>Age</b>	35
<b>Place of Birth</b>	Pasig City, Philippines		
<b>Nationality</b>	Filipino	<b>Gender</b>	Female
<b>Marital Status</b>	Married	<b>Religion</b>	Catholic
<b>Height</b>	157	cm	<b>Weight</b> 55 kg
<b>Residential Address in Home Country</b>	Ubay, Bohol, Philippines		
<b>Name of Port / Airport to be Repatriated to</b>	Panglao Airport		
<b>Contact Number in Home Country</b>	=====		
<b>Number of Siblings</b>	1 of 3	<i>(e.g. 3 of 5)</i>	
<b>Number of Children</b>	2	<b>Age(s) of Children (if any)</b>	12, 4



**HIGHEST EDUCATIONAL LEVEL**

<b>Qualification</b>	High School School
<b>Name of School</b>	Holy Child Academy
<b>Location</b>	Bohol, Philippines
<b>Start Date</b>	2001
<b>End Date</b>	2005

**TRAININGS AND SEMINARS ATTENDED**

<b>Title</b>	Live- in Caregiver Program
<b>Training Centre</b>	UHA Caregiver Training Corporation
<b>Location</b>	Mandaue City , Philippines
<b>Start Date</b>	August 2009
<b>End Date</b>	February 2010
<b>Title</b>	Child Care and Psychology Module
<b>Training Centre</b>	City Social Welfare Services
<b>Location</b>	Mandaue City , Philippines

**Start Date** February 25, 20210  
**End Date** February 25, 20210

#### LICENSURE AND CERTIFICATION

**Title** National Certificate II in Caregiving  
**Institution** Technical Education and Skills Development Authority  
**Location** Mandaue City, Philippines  
**Registration Date** September 17, 2022

#### CARE RELATED WORK EXPERIENCE

**Job Designation** Private Caregiver  
**Company Name / Employer** Mr. Licerio  
**Address** Tagbilaran Bohol, Philippines  
**Start Date** September 2022  
**End Date** Present  
**Type of Patient** 80 years old/ Male/ Hip Fracture, Paralyzed (Bedridden)

**Duties** Oral feeding, Meal Preparation, Wound care, Management of Medication, Monitoring and recording vital signs, Turning positions every 2 hours, Assist in bed bathing/bathing, grooming , dressing, changing diapers, Assist in passive range of motion exercises (ROM), Accompany to dr. visits, Massages and patient related chores

**Reason for Leaving** Applying abroad

**Job Designation** Private Caregiver  
**Company Name / Employer** Mdm Izuma  
**Address** Tagbilaran Bohol, Philippines  
**Start Date** January 2021  
**End Date** September 2022  
**Type of Patient** 72 years old/ Female/ Paralyzed , Geriatric Care (Bedridden)

**Duties** Perineal Care, Management of Medication, Meal Preparation, Oral feeding, Transferring from bed to wheelchair whenever necessary, Monitoring and recording vital signs, Turning positions every 2 hours, Assist in bed bathing/bathing, grooming , dressing, changing diapers, Assist in passive range of motion exercises (ROM), Accompany to dr. visits, Massages and patient related chores

**Reason for Leaving** Family member will look after

#### INTERNSHIP / ON THE JOB TRAINING

**Hospital / Care Institution** Our Lady of the Rule Maternity and General Hospital  
**Start Date** January 25, 2010

**End Date** January 29, 2010  
**Assigned Wards** Maternity ward  
**Type of Patients Handled** Pregnant woman

**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	2+				5		
Care of Disabled	YES	2+				5		
General Housework	YES	2+				5	PATIENT RELATED	
Cooking Please specify cuisines filipino dish	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 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 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 type="checkbox"/> Diabetes                                     | <input type="checkbox"/> Stroke                                      |
| <input type="checkbox"/> Heart Disease                                | <input checked="" type="checkbox"/> Others ( <i>please specify</i> ) |

Hip Fractured, Geriatric

*Infant/Young Children*

- Autism
- Cancer
- Cerebral Palsy
- Chronic Kidney Disease (CKD)

- Down Syndrome
- Epilepsy
- Others (*please specify*)

**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**

PELIGRO JASMIN DUMADAG

\_\_\_\_\_  
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  
**JASMIN D. PELIGRO**

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  
BASIC COMPETENCIES

500311105 Participate in workplace communication  
500311106 Work in 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

Unit Code Unit Title  
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

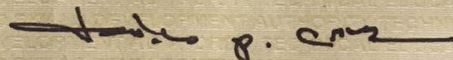
Signature of the certificate holder  
Certificate No **22071202026211**

ULI: PJD-88-729-13087-001

Issued on : **September 17, 2022**  
Valid until: **September 16, 2027**



CLN-NQ- 6911392

  
**DANILO P. CRUZ**  
Director General





Republic of the Philippines

**UHA CAREGIVER TRAINING CORPORATION**

Mandaue City

To All Men To Whom These May Come

*Greetings*

Be it known that

*Jasmin M. Dumadag*

*has satisfactorily completed the 7-months LIVE-IN CAREGIVER PROGRAM 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 5<sup>th</sup> day of February in the year of our Lord 2010.*

CERTIFICATE OF TVET PROGRAM  
REGISTRATION WTR NO. 0407022078  
SERIES OF 2004

  
**FEMIE JOY S. ANANA**  
Administrator

  
**ATTY. FRANCISCO S. FRANCO**  
President & CEO





Republic of the Philippines  
CITY SOCIAL WELFARE SERVICES  
SDC Building, Burgos St., Centro, Mandanae City

**CERTIFICATE OF COMPLETION**

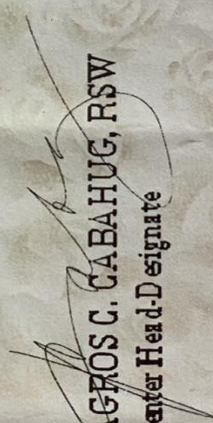
is given to

**JASMIN M. DUMADAG**

*Who underwent on-the-job-training on February 18-19 2010  
and completed the eighty (80) hours practicum requirement on*

**CHILD CARE AND PSYCHOLOGY MODULE**

*Given this 25th day of February 2010 at Mandanae City, Philippines*

  
**MILAGROS C. CABAHUG, RSW**  
SDC Center Head-Designate

  
**VIOLETA S. CAVADA, RSW**  
City Social Welfare Officer-OIC





**OUR LADY OF THE RULE  
MATERNITY AND GENERAL HOSPITAL**

Humay – humay Road, Pajo, Lapu – lapu City, Philippines  
PHILHEALTH ACCREDITED Tel. Nos. 340-7318, 340-8360



**CERTIFICATE OF COMPLETION**

*This certifies that*

**Jasmin M. Dumadag**

HAS SUCCESSFULLY COMPLETED THE 40 HOURS HOSPITAL TRAINING AS

**CAREGIVER**

FROM JANUARY 25 – JANUARY 29, 2010 CONDUCTED AT  
OUR LADY OF THE RULE MATERNITY AND GENERAL HOSPITAL  
HUMAY – HUMAY ROAD, PAJO, LAPU – LAPU CITY

GIVEN THIS 30<sup>th</sup> DAY OF JANUARY 2010 LAPU – LAPU CITY, PHILIPPINES.

*Dr. Amos J. Ouan*  
CORAZON I. OUANO, MD  
MEDICAL DIRECTOR

*“ People who care for others are doubly blessed. ”*





