

**ASEANA CAREGIVERS PTE LTD**

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

Profile
LIVE-IN CAREGIVER

PERSONAL INFORMATION

Name DIOQUINO AISHA DAYAG
Date of Birth October 13, 1988 **Age** 37
Place of Birth Asingan Pangasinan, Philippines
Nationality Filipino **Gender** Female
Marital Status Married **Religion** Catholic
Height 155 cm **Weight** 75 kg
Residential Address in Home Country
Palaris , Asingan Pangasinan Philippines
Name of Port / Airport to be Repatriated to NAIA
Contact Number in Home Country =====
Number of Siblings 3 of 3 (e.g. 3 of 5)
Number of Children 2 **Age(s) of Children (if any)** 15,8

**HIGHEST EDUCATIONAL LEVEL**

Qualification High School Graduate
Name of School Juan G. Macaraeg National High School
Location Binalonan , Pangasinan Philippines
Start Date 2001
End Date 2005

TRAININGS AND SEMINARS ATTENDED

Title Caregiver Course
Training Centre Ovidio L. Vjungco Learning Institute Inc.
Location Binalonan , Pangasinan Philippines
Start Date November 2007
End Date June 2008

Title Pediatric Asthma
Training Centre Supreme Intellect Trainings and Seminars
Location Baguio City, Philippines

Start Date July 29, 2007
End Date July 29, 2007

LICENSURE AND CERTIFICATION

Title National Certificate in Household Services
Institution Technical Education and Skills Development Authority
Location Philippines
Registration Date March 2012

CARE RELATED WORK EXPERIENCE

Job Designation Private Caregiver
Company Name / Employer Mr. Celestino
Address Asingan Pangasinan, Philippines
Start Date January 2023
End Date Present
Type of Patient 62 years old/ Male/ Diabetes , Amputated Leg (Wheelchair-bound)
Duties Glucose Monitoring and Management, Meal Preparation, Wound care, Checking and monitoring vital signs, Transferring from bed to wheelchair and vice versa, Assist in bathing, grooming, dressing and toileting, Accompany to dr. visits, Assist in light exercises, Administer of medication and perform patient related chores , Monitoring of Input and Output
Reason for Leaving Applying abroad

Job Designation Private Caregiver
Company Name / Employer Mdm Marina
Address Urdaneta, Pangasinan Philippines
Start Date October 2019
End Date March 2022
Type of Patient 70 years old/ Female/Stroke (Bedridden)
Duties Turning positions, Transferring from bed to wheelchair and vice versa when necessary, Assist in bathing , grooming , dressing, toileting, changing diapers, Administer of Medications, Perineal care, meal Preparation, Oral feeding, Assist in passive range of motion exercises, Patient related chores including changing of linens, Monitoring and checking vital signs , Assist dr. during house check-up
Reason for Leaving Patient passed away

Job Designation Private Caregiver
Company Name / Employer Mr. Lim
Address Pasig City, Philippines
Start Date March 2011
End Date December 2016

Type of Patient 78 years old/ Male/ Dementia (Mobile to Wheelchair-bound)

Duties Assist in walking during his early times, Meal Preparation, Wound care, Checking and monitoring vital signs, Oral feeding, Oral Care, Transferring to wheelchair and vice versa, Assist in bathing, grooming, dressing and toileting, Accompany to dr. visits, Assist in light exercises, Administer of medication, Provide light massages for his extremities, Perform patient related chores

Reason for Leaving Patient migrate to Cebu

INTERNSHIP / ON THE JOB TRAINING

Hospital / Care Institution Don Amadeo Memorial Hospital

Duration: 80 hours (September 10-21,2007)

Assigned Wards General ward

Type of Patients Handled Various type of patients

Hospital / Care Institution Bahay Apostole Home for the Aged

Duration: 80 hours

Assigned Wards Home for the Aged

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
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) PoorExcellent...N.A. 1 2 3 4 5 N.A.
Care of infants/children Please specify age range	yes	0	4
Care of Elderly	yes	9	5
Care of Disabled	yes	9	5
General Housework	yes	9	5 patient related chores
Cooking Please specify cuisines filipino dish	yes		
Language Abilities (spoken) Please specify English , Tagalog , Ilokano			
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 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
General Nursing Skills				
NGT Feeding	x			
PEG Feeding	x			
Urinary Catheter Care	x			
Stoma Care	x			
Glucose Monitoring and Management				x
Wound Care				x
Specialized Nursing Skills				
Tracheostomy Care	x			
Suctioning	x			
Home Ventilation and Respiratory Support Care	x			
Dementia Care/ Alzheimers				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 checked="" 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 checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Disease | <input checked="" type="checkbox"/> Others (<i>please specify</i>)
Amputated leg |

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

Aisha G. Dayag

 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





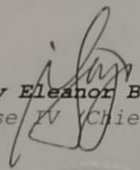
REPUBLIC OF THE PHILIPPINES
PROVINCE OF PANGASINAN
DON AMADEO J. PEREZ, SR. MEMORIAL GENERAL HOSPITAL
URDANETA CITY, PANGASINAN
TEL. NO. (075) 568.2420

CERTIFICATION

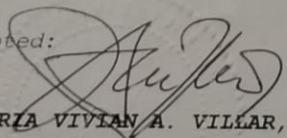
This is to **certify** that **AISHA G. DAYAG**, a student of Caregiver Course at OVIDIO L. VIJUNGO LEARNING INSTITUTE, INC. has satisfactorily completed eighty (80) hours in supervised Hospital Training from September 10, 2007 - September 21, 2007 in this institution.

This certification is issued for whatever legal purposes deems necessary.

Given this 3rd day of March 2008 at Paurido, Urdaneta City, Pangasinan.


Mary Eleanor B. Mayo, RN, MAN
Nurse IV (Chief Nurse)

Noted:


MARIA VIVIAN A. VILLAR, M.D., MPH
Chief of Hospital I

BAHAY PUSO APOSTOLATE FOUNDATION, INC.

Home for the Aged
Sitio Mathay Brgy. Tuyo, Balanga City
2100 Bataan, Philippines

Hereby awards this

Certificate of Training

To

AISHA G. DAYAG

For having successfully completed 80 hours in Related Learning Experience as CAREGIVER Training in the following areas of concern:

- I. Care of Elderly and Physically Challenged
 - + Mobility Assistance
 - + Mental, Psychological and Health Fitness Sustenance
- II. Housekeeping and Nutrition
 - + Aesthetic Upkeep of Physical Surroundings
 - + Food Preparation

This certification is issued to attest to the completion of requirements of the above-mentioned volunteer.

Given this 10th day of August 2007.



Rev. Msgr. Remigio R. Hizon, Jr.

REV. MSGR. REMIGIO R. HIZON, JR.
EXECUTIVE DIRECTOR



Republic of the Philippines
Department of Labor and Employment
TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

NATIONAL CERTIFICATE II

in

HOUSEHOLD SERVICES

is awarded to

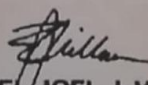
AISHA G. DAYAG

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

Unit Code	Unit Title	Unit Code	Unit Title
Basic Units of Competency		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, linen and fabric
500311107	Practice career professionalism	HCS913303	Prepare hot and cold meals
500311108	Practice occupational health and safety procedures	HCS913304	Provide food and beverage
Common Units of Competency			
HCS516201	Maintain effective relationship with clients/customers		
HCS516202	Manage own performance		

Signature of the certificate holder
Certificate No. **121301027831**

Issued on : MARCH 14 2012
Valid until: MARCH 14 2017


SEC. EMMANUEL JOEL J. VILLANUEVA

Director General

CLN-NQ- 1274753







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ERRORS

WPOLEQEE002: This worker does not have any employment history. Please enter another WP No.

Enquire Worker History

You can check a foreign worker's employment history in Singapore by simply using any one of the search options below.

Do note that an employer can appear more than once in the worker's history, if he/she had been re-hired by that same employer.

Option 1

Work Permit(WP) Number :

Option 2

Worker's Foreign Identification Number (FIN) :

Option 3

Worker's Name :

Date of Birth : (DD/MM/YYYY)

Sex :

Nationality/Citizenship :

Passport Number : (Optional)

Note : If you choose Option 3, all fields are mandatory except Passport Number.

go