

**ASEANA CAREGIVERS PTE LTD**

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*Profile*  
**LIVE-IN CAREGIVER**

**PERSONAL INFORMATION**

**Name** TOCSON GRAZEL JANE CAPUYAN  
**Date of Birth** April 16, 1987 **Age** 38  
**Place of Birth** Iligan City, Philippines  
**Nationality** Filipino **Gender** Female  
**Marital Status** Married **Religion** Catholic  
**Height** 150 cm **Weight** 63 kg  
**Residential Address in Home Country**  
Purok San Miguel Tubod, Iligan City, Philippines  
**Name of Port / Airport to be Repatriated to** Laguidigan Airport Misamis  
**Contact Number in Home Country** \_\_\_\_\_  
**Number of Siblings** 2 of 4 (e.g. 3 of 5)  
**Number of Children** 1 **Age(s) of Children (if any)** 3 years old

**HIGHEST EDUCATIONAL LEVEL**

**Qualification** Graduate of Bachelor Degree in Nursing  
**Name of School** St. Michael's College  
**Location** Iligan City, Philippines  
**Start Date** 2004  
**End Date** 2008

**LICENSURE AND CERTIFICATION**

**Title** Licensed Nurse  
**Institution** Philippine Regulatory Commission  
**Location** Manila, Philippines  
**Registration Date** March 9, 2011

**CARE RELATED WORK EXPERIENCE**

**Job Designation** Staff Nurse  
**Company Name / Employer** E & R Hospital and Pharmacy  
**Address** Iligan City, Philippines

|                                |   |
|--------------------------------|---|
| <b>Start Date</b>              | August 2021   |
| <b>End Date</b>                | Present   |
| <b>Type of Patient</b>         | Assigned in General Ward, Surgical, Medical, OB, Pedia, with patients suffering from Appendicitis, Cancer, Diabetes, Dementia, CKD, COPD, Heart Disease, Hypertensions, Spinal Injury, with Tracheostomy, NGT, PEG, Catheter, Colostomy Bag (Mobile, Wheelchair-bound, Bedridden)☒  |
| <b>Duties</b>                  | Administration of Medication, Monitoring, Recording and Checking vital signs, Assist Doctors during rounds, Catheter Care includes Removing and Insertion of Catheter, Monitoring of IV fluids, Wound Care/Dressing, Charting, Turning positions, Assist during confinement and discharge, Charting, NGT and PEG feeding, Glucose monitoring, Injection of Insulin, Perineal Care, Assist in transferring from bed to wheelchair, Reports on changes or progress to assigned Physician, Monitoring of input and output, Tracheostomy Care, Suctioning, Colostomy Care, Checking Medical Ventilator/ Oxygen Concentrator, Perform other hospital errands, Palliative Care, Nebulization, IV Monitoring including infusion pump, removal, Provide first aid |
| <b>Reason for Leaving</b>      | Applying abroad   |
| <b>Job Designation</b>         | Staff Nurse   |
| <b>Company Name / Employer</b> | Gaborno Maternity Clinic  |
| <b>Address</b>                 | Iligan City, Philippines  |
| <b>Start Date</b>              | June 2018   |
| <b>End Date</b>                | July 2020   |
| <b>Type of Patient</b>         | Pre and post Delivery, Pedia Ward   |
| <b>Duties</b>                  | Checking vital signs, Management of Medication, Wound Care, Assist baby hygiene upon delivery, Educating newly delivered mother about feeding, Feeding, Bathing of newly born baby, Report on patients condition to dr., Assist dr during rounds, Assist dr. during operations  |
| <b>Reason for Leaving</b>      | Decided to go back to E& R after my contract, to enhanced more of my skills   |
| <b>Job Designation</b>         | Staff Nurse   |
| <b>Company Name / Employer</b> | E & R Hospital and Pharmacy   |
| <b>Address</b>                 | Iligan City, Philippines  |
| <b>Start Date</b>              | August 2021   |
| <b>End Date</b>                | Present   |
| <b>Type of Patient</b>         | Assigned in General Ward, Surgical, Medical, OB, Pedia, with patients suffering from Appendicitis, Cancer, Diabetes, Dementia, CKD, COPD, Heart Disease, Hypertensions, Spinal Injury, with Tracheostomy, NGT, PEG, Catheter, Colostomy Bag (Mobile, Wheelchair-bound, Bedridden)☒  |

**Duties** Administration of Medication, Monitoring, Recording and Checking vital signs, Assist Doctors during rounds, Catheter Care includes Removing and Insertion of Catheter, Monitoring of IV fluids, Wound Care/Dressing, Charting, Turning positions, Assist during confinement and discharge, Charting, NGT and PEG feeding, Glucose monitoring, Injection of Insulin, Perineal Care, Assist in transferring from bed to wheelchair , Reports on changes or progress to assigned Physician, Monitoring of input and output ,Tracheostomy Care, Suctioning, Colostomy Care, Checking Medical Ventilator/ Oxygen Concentrator, Perform other hospital errands , Pallative Care, Nebulization, IV Monitoring including infusion pump, removal, Provide first aid

**Reason for Leaving** Maternity Clinic offers higher salary so I consider the job offer

**Job Designation** Private Duty Nurse

**Company Name / Employer** Mdm Carmelita

**Address** Iligan City

**Start Date** 2012

**End Date** 2016

**Type of Patient** 74 years old/ Female/ Hypertension, Vertigo , Diabetes, Stroke (Mobile)

**Duties** Assist in her daily activities, Checking vital signs, Management of Medication, Glucose Monitoring, Ensure of patients at all times, Accompany to dr. visits and check-ups, Assist in passive range of motion exercises, Perfrom patient related chores

**Reason for Leaving** Patients family migrate to US with her

#### INTERNSHIP / ON THE JOB TRAINING

**Hospital / Care Institution** Gregorio T. Lluch Memorial Hospital

**Duration:** May 7 - July 13, 2012

**Assigned Wards** General, OB, Pedia, Surgery , OPD

**Type of Patients Handled** Various types 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 / with tattoo on the wrist but on the healing process she gone to laser removal

## 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<br>Please state qualitative observations of FDW and/or<br>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                   | 8  | 5 HOSPITAL SETTINGS / OWN CHILD  |
| Care of Elderly                                      | YES                   | 10+  | 5  |
| Care of Disabled                                     | YES                   | 10+  | 5  |
| General Housework                                    | YES                   | 10+  | 5 HOSPITAL SETTINGS/ 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<br>Attended<br>Training/Willing<br>to Learn | With Some<br>Experience<br>(1-6 months) | With Good<br>Experience<br>(6-12 months) | With Very Good<br>Experience (more<br>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/ 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              |  |                                   |                                    |   |
| Oxygen Concentrator         |  |                                   |                                    | X   |
| Suction Machine             |  |                                   |                                    | X   |

### Types of Patients Handled

#### Elderly

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Alzheimer's Disease/Dementia                 | <input checked="" type="checkbox"/> Hypertension          |
| <input checked="" 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 checked="" type="checkbox"/> Chronic Kidney Disease (CKD)                 | <input type="checkbox"/> Shingles                         |
| <input checked="" type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input checked="" type="checkbox"/> Injured Patient       |
| <input checked="" type="checkbox"/> Diabetes                                     | <input checked="" type="checkbox"/> Stroke                |
| <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Others ( <i>please specify</i> ) |

#### 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 checked="" type="checkbox"/> Others ( <i>please specify</i> ) |
| <input type="checkbox"/> Chronic Kidney Disease (CKD) | Normal Kids / New born   |

### 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

TOCSON GRAZEL JANE CAPUYAN

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





## **CERTIFICATE OF EMPLOYMENT**

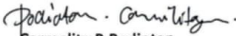
This is to certify that Glazel Jane M. Capuyan was employed last August 7, 2012 to January 11, 2016 and worked as private duty nurse for Mrs. Carmelita P. Podiotan, 65 years old who has hypertension, stroke and diabetic. She rendered 12 hours per day (8:00am – 8:00pm) five (5) to six (6) times a week.

During this period. Her service were found to be satisfactory in carrying out the duties, her responsibilities to:

- Administer medication, treatment plus other PDN service according to physician instruction condition of the patient
- Direct patient in good health habits
- Give information to family in treatment of patient maintenance of healthcare environment
- Carried out doctor legal orders
- Monitoring of the blood pressure of the patient.

This certification is issued upon request of Glazel Jane M. Capuyan for whatever purpose it may serve her.

Given this 24 February 2016

  
Carmelita P. Podiotan  
Employment /Medical Recipient



## E and R Hospital and Pharmacy

Benito Labao Sabayle Street. Ext. Iligan city  
Cellphone number: +639261592362 Tel no. (+63)228-5443  
Email add:erhospitalandpharmacy@gmail.com



# CERTIFICATION

### To Whom It May Concern:


This is to certify that **MS. GLAZEL JANE C. TOCSON, RN** has been employed at **E and R Hospital and Pharmacy** as a **STAFF NURSE** from August 4, 2021 to April 5, 2024 a tertiary Level hospital with an authorized bed capacity of 100 beds.

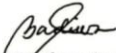
She was assigned in the Clinical areas, namely Emergency Room and Medical- Surgical Ward and had performed her duties and functions satisfactorily.

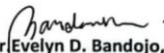
This certification is issued upon the request of the above-mentioned name for whatever legal purposes that may serve her best.

Issued this 14<sup>th</sup> day of April 2024 at E and R Hospital and Pharmacy Iligan City, Lanao del Norte, Philippines.

Verified by:

  
Chief Nurse: Ms. Joyce A. Bautista, RN, MN

  
HR Manager: Ms. Charmie Ann R. Badion

  
Dr. Evelyn D. Bandojo, DFM  
Medical Director







