**PROFIL**

|  |  |  |
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| **Personal data**  **2 4 - S t u n d e n - S e n i o r e n b e t r e u u n g** | | |
| Name |  | FOTO |
| Marital status |  |
| Children |  |
| Date of birth |  |
| Nationality |  |
| Place of residence |  |
| Telephone number |  |
| Skype |  |

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| **Education** | |
| Education |  |
| Learned profession |  |
| Current employment |  |

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| **Language skills** | |
|  | Basic knowledge (understanding with difficulty) |
|  | Expanded basic skills (good understanding, speaking with difficulty) |
|  | Good knowledge (simple conversations are quite possible) |
|  | Very good knowledge (conversations are possible without restrictions) |

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| **Work experience in caring sector EXAMPLE BELOW** |
| 2020-2021  Germany  80 old lady with Dementia and mobility problems, driving client  2019-2020  United Kingdom  Married couple (84,80 years) with Parkinson, catheter, wheelchair, anxiouty,  207-2018  The Netherlands  50 years old man with Multiple Sclerosis, cathether, wheelchair, hoist |

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| **Caring experince** | |
|  | Housekeeping, do cooking and shopping |
|  | Cooking for Diabethes |
|  | Support while walking impaired patients |
|  | Assistance with personal hygiene / dressing and undressing |
|  | Help with showering / bathing |
|  | Personal care of immobile or bedridden patients |
|  | Personal care of (partially) paralyzed patients |
|  | Transfer bed-wheelchair commode chair (lifting patients) |
|  | Overlays of patients |
|  | Experience with Dementia |
|  | Experience with Alzheimer's |
|  | Experience with Parkinson's |
|  | Assistance with toilet |
|  | Experience with hoist/lift |
|  | Incontinence: diapers / nappies to change |
|  | Experience with patients with catheter (urine) |
|  | Experience with patients with PEG tube (feeding tube) |

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| **Additional questions** | |
| Available from |  |
| How long do you want stay? |  |

|  |  |
| --- | --- |
| **Other** | |
| Do you have a driver's license? |  |
| Do you have practise like a driver? |  |
| What are your hobbies? |  |
| Height and weight? |  |
| Do you smoke? |  |
| How many cigarettes per day? |  |
| Do you drink alcohol? How often? |  |

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| **Further comments / impressions of the candidate** |
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