



**Code : CG13**

**Application Form**

## Personal Information

**Name:** Mary Natallien

## Work Experience

### Elderly Care

|                                         |   |
|-----------------------------------------|---|
| Experience with antibiotic distribution | ✓ |
| Bath Room Care                          | ✓ |
| Changing People in Bed                  | ✓ |
| Mechanism Feeding                       | ✓ |
| Care for People in Bed                  | ✓ |

**Describe your previous job as an elderly caregiver?**

I handle a stroke and diabetic patient. She is also bedridden.  
I take care of her for helping her to feed, taking medicines, bed bath, changing her diaper, inject insulin.  
I taking care with her as my mother.  
Also I'm taking care her vital signs

### Nurse

|   |                                                     |
|---|-----------------------------------------------------|
| ✓ | Experience with taking pressure and sugar count     |
|   | Experience with Intravenous Injections              |
| ✓ | Tracheostomy Care                                   |
| ✓ | Wound Management                                    |
| ✓ | Care for People with Dementia                       |
| ✓ | Care for People with Special Needs (motor problems) |
| ✓ | Experience with Mental Retardation                  |



***Describe your previous job as a nurse?***

**Grooming and bathing patients with low mobility**

**Preparing each patient's room with necessary items such as blankets, pillows, medical equipment and toiletries**

**Helping patients eat and take medications**

**Making sure patients have regular meals and proper medication dosages**

**Monitoring vitals and behavior and reporting them to the nursing and medical staff**

**Transferring patients with low mobility from wheelchair to bed and vice versa**

**Turning or adjusting patients in bed to prevent bedsores**

## **Additional Questions**

|                                        |                     |
|----------------------------------------|---------------------|
| <b>Do you have relative in Greece?</b> | <b>No</b>           |
| <b>Are you Right or Left Handed?</b>   | <b>Right Handed</b> |
| <b>Total Work of Experience?</b>       | <b>3 years</b>      |
| <b>Do you swim?</b>                    | <b>No</b>           |
| <b>Do you smoke?</b>                   | <b>No</b>           |





