

BIO-DATA OF FOREIGN DOMESTIC WORKER (FDW)

***PLEASE ENSURE THAT YOU RUN THROUGH THE INFORMATION WITHIN THE BIODATA AS IT IS AN IMPORTANT TO HELP YOU SELECT A SUITABLE FDW**

(A) PROFILE OF FDW

WILLING TO LEARN, INISIAIVE, OBEDIENT AND
HARD WORKING, COMPLATE VACCINE, READY PASSPORT
BASIC SALARY \$ 700. EX SINGAPORE 4 YEAR

A1 Personal Information

- Name : SUPRIHATIN _____
- Date of brith :

0	5	0	7	7	8	4	4
---	---	---	---	---	---	---	---
- Place of birth : LAMPUNG _____
- Height & Weight :

1	5	5	6	7
---	---	---	---	---
- Nationality : **INDONESIAN** _____
- Residential address in home country : LAMPUNG, SUMATRA
- Name of port/airport to be repatriated to : JAKARTA _____
- Contact number in country : _____ - _____
- Religion : ISLAM
- Education level : JUNIOR HIGH SCHOOL _____
- Number of siblings : _____ - _____
- Marital status : **MARRIED**
- Number of children : 2
Age(s) od children (if any) : 26 Y.O & 22 Y.O



MG005

Allergies (if Any): **NIL**

14. 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 diasease | <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. Other : NIL | | |

15. Physical disabilities : **NIL**

16. Dietary restrions : **NIL**

17. Food handling preferences : No pork No beef Other : HALAL FOOD

A3 Other

18. Preference for rest day : 0 rest day(s) per month

19. Any other remarks : ONCE A MONTH

(B) SKILL OF FDW

B1 Method of Evaluation of Skillson FDW'

Please indicate the method(s) used to evaluate the FDW's skills (can tick more than one)

- Based on FDW's declaration, no evaluation/obdervation by Singapore EA or overseas training center/EA
- Interviewed by Singapore EA
- Interviewed via telephone/teleconverence
- Interviewed via videoconference
- Interviewed via in person
- Interviewed via person and also made observation of FDW in the areas of work listed in table

S/No	Areas of Work	Willingnes Yes/No	Experience Yes/No If yes, states the no, of years	Assessment/ Observation Please state qualitative observation of FDW and/or rate The FDW (indicate N.A og no evalution was done) Poor.....Excellent.....N.A
1.	Care of infants/children Please specify age range: _____		YES	SHE HAVE EXPERIENCE TAKING CARE OWN CHILDREN
2.	Care elderly		YES	SHE HAVE EXPERIENCE TAKING CARE OF ELDERY
3.	Care of disabled	YES		SHE DON'T HAVE EXPERIENCE TAKING CARE OF DISABLED BUT SHE WILLING TO LERAN HOW TO TAKE CARE DISABLED
4.	General housework		YES	SHE HAVE EXPERIENCE TO DO GENERAL HOUSE WORK
5.	Cooking Please specify cuisines: _____		YES	SHE CAN COOK CHINESE FOOD AND INDONESIA FOOD,WILLING TO LEARN MORE
6.	Language abilities (spoken) Please specify : _____		YES	SHE CAN SPEAK ENGLISH AND WILLING TO LEARN SPEAK CHINESE
7.	Other skill, if any Please specify : _____			

Interviewed by overseas training center/AE (Please state name of foreign training center/AE :

(_____)

States if the third party is certified (e.g. ISO9001) or audited periodically by the

- Interviewed via telephone/teleconference
- Interviewed via videoconference
- Interviewed via in person
- Interviewed via person and also made observation of FDW in the areas of work listed in table

S/No	Areas of Work	Willingnes Yes/No	Experience Yes/No If yes, states the no, of years	Assessment/ Observation Please state qualitative observation of FDW and/or rate The FDW (indicate N.A og no evaluation was done) Poor.....Excellent.....N.A
1.	Care of infants/children Please specify age range: _____		YES	SHE HAVE EXPERIENCE TAKING CARE OWN CHILDREN
2.	Care elderly		YES	SHE HAVE EXPERIENCE TAKING CARE OF ELDERY
3.	Care of disabled	YES		SHE DON'T HAVE EXPERIENCE TAKING CARE OF DISABLED BUT SHE WILLING TO LERAN HOW TO TAKE CARE DISABLED
4.	General housework		YES	SHE HAVE EXPERIENCE TO DO GENERAL HOUSE WORK
5.	Cooking Please specify cuisines: _____		YES	SHE CAN COOK CHINESE FOOD AND INDONESIA FOOD,WILLING TO LEARN MORE
6.	Language abilities (spoken) Please specify : _____		YES	SHE CAN SPEAK ENGLISH AND WILLING TO LEARN SPEAK CHINESE
7.	Other skill, if any Please specify : _____			

(C) EMPLOYMEN HISTORY OF THE FDW

C1 Employment History Overseas

Date		Country (Including FDW's home country)	Employer	Work Duties
From	To	SINGAPURE	CHINESE	TAKING CARE ELDERY ,COOKING ,WASHING ,IRONING.HAVE 2 PEOPLE IN EMPLOYER HOUSE AHKONG & AHMA.FLAT HOUSE HAVE 3 BEDROOM & 3 TOILETS
2007 -2019				

C2 Employment History in Singapore

Previous working experience in Singapore

Yes

No

(The EA is required to obtain the FDW’s employment history from MOM and furnish the employer with the employment history of the FDW. The employer may also verify the FDW’s employment history in Singapore through WPOL using SingPass)

C3 Feedback from previous employers in Singapore

Feedback was/was not obtained by the EA from the previous employers. If feedback was obtained (attach testimonial if possible) please indicate the feedback in the table below :

	Feedback
Employer 1	
Employer 2	

(D) AVAILABILITY OF FDW TO BE INTERVIEWED BY PROSPECTIVE EMPLOYER

- FDW is not available for interview
- FDW can be interviewed via phone
- FDW can be interviewed by videoconference
- FDW can be interviewed in person

(E) OTHER REMARKS

FDW Name and Singapore Date :

EA Personnel Name and Registration Number Date :

I have gone through the 4 page biodata of this FDW and confirm that I would like to employ her

Employer Name and NRIC No: Date:

IMPORTANT NOTES FOR EMPLOYERS WHEN USING THE SERVICE OF AN EA

- Do consider asking for an FDW who is able to communicate in a language you require, and interview her (in person/phone/videoconference) to ensure that communicate adequately.
- Do consider requesting for an FDW who has proven ability to perform the chores you require, for example, performing household chores (especially if she required to hang laundry from high-rise unit). Cooking and caring for young children or the elderly.
- Do work together with the EA to ensure that a suitable FDW is matched to you according to your needs and requirements.
- You may wish to pay the EA special attention to your prospective FDW’s employment history and feedback from the FDW’s previous employer(s) before employing her.

