

BIO-DATA OF FOREIGN DOMESTIC WORKER (FDW)

** Please ensure that you run through the information within the biodata as it is an important document to assist you to select a suitable FDW*

PROFILE OF FDW

PART (1)

REF No.

I20190500031

1A- Personal Information

Name	Age
DIAN MEILANI	32
D.O.B	Nationality
14/05/1987	INDONESIAN
Religion	Edu. Level
MUSLIM	SMP
Height (CM)	Weight (KG)
150	43
No. of Siblings	Siblings
1	BROTHER (2/2)
Marital Status	No. of Children
MARRIED	1
Country of Birth	Age of Children
INDONESIA	6 Y.O
Residential Address	
Port/Airport to be Repatriated	Contact No.
JAKARTA	N.A



1B- Medical History/Dietary Restrictions

Allergies(if any)

NO

Past and existing illnesses (including chronic ailments and illnesses requiring medication):

	YES	NO		YES	NO
1) Mental illness		X	6) Tuberculosis		X
2) Epilepsy		X	7) Heart disease		X
3) Asthma		X	8) Malaria		X
4) Diabetes		X	9) Operations		X
5) Hypertension		X	10) Others		X

If Yes, please specify

Physical Disabilities

NO

Dietary Restrictions

DO NOT CONSUME PORK

Food Handling Restriction

YES	NO
	X

If Yes, please specify

PART (2)

REMUNERATION PACKAGE

Type	FRESH	EX-SINGAPORE	TRANSFER
		X	
Salary	650		
Rest Days	2 DAYS		
Loan	3 MONTHS		
Allowance			
Rest Days Preference	SUNDAY		
Basic Salary	602		
E.T.A	2-3 WEEKS		
Remarks			

PART (3)**SKILLS EVALUATION AND INTERVIEWED BY****Interviewed by Singapore EA**

1) Interviewed via telephone/teleconference

☒

2) Interviewed via videoconference

☒

3) Interviewed in person

4) Interviewed in person and also made observation of FDW in the areas of work listed in table

S/No.	Work Scope	Willingness	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. if no evaluation was done) Poor → Excellent or N.A 1 2 3 4 5 N.A
1	Take Care of infants/children Specify Age Range NEWBORN ONWARDS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> POOR <input type="checkbox"/> AVERAGE <input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> N.A </div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N.A </div>
2	Take Care of Elderly Specify Age Range > 60	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> POOR <input type="checkbox"/> AVERAGE <input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> N.A </div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N.A </div>
3	Take Care of Disabled Specify Age Range	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<div> <input type="checkbox"/> POOR <input type="checkbox"/> AVERAGE <input type="checkbox"/> EXCELLENT <input checked="" type="checkbox"/> N.A </div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> N.A </div>
4	General Housechores MAJORITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> POOR <input type="checkbox"/> AVERAGE <input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> N.A </div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N.A </div>
5	Cooking Specify Cuisine CHINESE / INDO	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> POOR <input type="checkbox"/> AVERAGE <input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> N.A </div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N.A </div>
6	Language Abilities (Spoken) Specify Language ENGLISH / BAHASA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> POOR <input type="checkbox"/> AVERAGE <input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> N.A </div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N.A </div>
7	Other Skills Specify if any	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<div> <input type="checkbox"/> POOR <input type="checkbox"/> AVERAGE <input type="checkbox"/> EXCELLENT <input checked="" type="checkbox"/> N.A </div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> N.A </div>

Interviewed by overseas training centre / EA (Please state name of foreign training centre / EA:

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

1) Interviewed via telephone/teleconference

2) Interviewed via videoconference

3) Interviewed in person

4) Interviewed in person and also made observation of FDW in the areas of work listed in table

S/No.	Work Scope	Willingness	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. if no evaluation was done) Poor → Excellent or N.A 1 2 3 4 5 N.A
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2	Take Care of Elderly Specify Age Range	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POOR AVERAGE EXCELLENT N.A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 N.A
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4	General Housechores	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POOR AVERAGE EXCELLENT N.A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 N.A
5	Cooking Specify Cuisine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POOR AVERAGE EXCELLENT N.A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 N.A
6	Language Abilities (Spoken) Specify Language	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POOR AVERAGE EXCELLENT N.A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 N.A
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PART (4)**Employment History of the FDW**

Employment History Overseas

DATE		Total EXP.	Country of Work	RACE OF EMPLOYER	WORKING ENVIRONMENT	EMPLOYMENT CONTRACT
FROM	TO					
Jan-17	Jan-19	2y, 0m	SINGAPORE	CHINESE	HDB	FULL CONTRACT

Employment History Singapore

Working experience in Singapore

YES

☒

NO

☐

Work Permit No: 0 08998140

(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)

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:

S/No.	Employer Name:	FEEDBACK
1		
2		
3		

AVAILABILITY OF FDW TO BE INTERVIEWED BY PROSPECTIVE EMPLOYER

1) Interviewed via telephone/teleconference

☒

2) Interviewed via videoconference

☒

3) Interviewed in person

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OTHER REMARKS

FDW Name and Signature

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:

PART (5)

IMPORTANT NOTES FOR EMPLOYERS WHEN USING THE SERVICES OF AN EMPLOYMENT AGENCY

=> A284Do 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 she can communicate adequately.

=> Do consider requesting for an FDW who has a proven ability to perform the chores you require, for example, performing household chores (especially if she is required to hang laundry from a 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 special attention to your prospective FDW's employment history and feedback from the FDW's previous employer(s) before employing her.