

## 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 help you select a suitable FDW

### (A) PROFILE OF FDW

Ref No: MM19019

#### SUMMARY

Type	Fresh / <del>Ex-Spore</del> / Transfer
Salary/	\$450.00
Rest days per month	Weekly
Loan	4.5 months
Off-in-lieu Allowance	\$17.30
Arrival	Anytime
Preference	No preference
Remarks	Available for phone interview



#### A1 Personal Information

Name	Thin Thin Sein	Age	29	Nationality	Myanmar
------	----------------	-----	----	-------------	---------

Date of Birth	13 Oct 1989	Height	1.52 m	Weight	57 kg	Educational Level	Secondary 3
---------------	-------------	--------	--------	--------	-------	-------------------	-------------

Religion	Christianity	Marital Status	Single	No. of Children	-	Age	-
----------	--------------	----------------	--------	-----------------	---	-----	---

Position in Siblings	4	No. of Brothers	3	Age	40, 37, 34	No. of Sisters	1	Age	16
----------------------	---	-----------------	---	-----	------------	----------------	---	-----	----

Residential address in home country		Place of Birth	Bogale
-------------------------------------	--	----------------	--------

Name of port/airport to be repatriated to	Yangon International Airport	Contact no. in home country	xxxxxxx
---	------------------------------	-----------------------------	---------

#### A2 Medical History/Dietary Restrictions

14. Allergies(if any): Nil known

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

	Yes	No		Yes	No
i. Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	vi. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
ii. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	vii. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
iii. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	viii. Malaria	<input type="checkbox"/>	<input type="checkbox"/>
iv. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	ix. Operations	<input type="checkbox"/>	<input type="checkbox"/>
v. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	x. Others	<input type="checkbox"/>	<input type="checkbox"/>

16. Physical disabilities:

17. Dietary restrictions:

18. Food handling preferences

-	No pork	-	No beef	-	Others: -
---	---------	---	---------	---	-----------

### A3 Others

19. Preference for rest day

(See summary section)

20. Any other remarks

(See summary section)

## (B) SKILLS OF FDW

### B1 Method of Evaluation of Skills

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

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

S/No	Area of Work	Willing YES/NO	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. of no evaluation was done) Poor .....Excellent...N.A 1 2 3 4 5 N.A
1	Care of infants/children Please specify age range: <u>No preference</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<div> <input type="checkbox"/> Poor           <input type="checkbox"/> Average           <input type="checkbox"/> Excellent           <input checked="" type="checkbox"/> NA         </div> <div> <input type="checkbox"/> 1           <input type="checkbox"/> 2           <input type="checkbox"/> 3           <input type="checkbox"/> 4           <input type="checkbox"/> 5           <input type="checkbox"/> NA         </div>
2	Care of elderly	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<div> <input type="checkbox"/> Poor           <input type="checkbox"/> Average           <input type="checkbox"/> Excellent           <input checked="" type="checkbox"/> NA         </div> <div> <input type="checkbox"/> 1           <input type="checkbox"/> 2           <input type="checkbox"/> 3           <input type="checkbox"/> 4           <input type="checkbox"/> 5           <input type="checkbox"/> NA         </div>
3	Care of disabled	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<div> <input type="checkbox"/> Poor           <input type="checkbox"/> Average           <input type="checkbox"/> Excellent           <input checked="" type="checkbox"/> NA         </div> <div> <input type="checkbox"/> 1           <input type="checkbox"/> 2           <input type="checkbox"/> 3           <input type="checkbox"/> 4           <input type="checkbox"/> 5           <input type="checkbox"/> NA         </div>
4	General Housework	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> Poor           <input type="checkbox"/> Average           <input type="checkbox"/> Excellent           <input checked="" type="checkbox"/> NA         </div> <div> <input type="checkbox"/> 1           <input type="checkbox"/> 2           <input type="checkbox"/> 3           <input type="checkbox"/> 4           <input type="checkbox"/> 5           <input type="checkbox"/> NA         </div>
5	Cooking Please specify cuisine: <u>Burmese food</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> Poor           <input type="checkbox"/> Average           <input type="checkbox"/> Excellent           <input checked="" type="checkbox"/> NA         </div> <div> <input type="checkbox"/> 1           <input type="checkbox"/> 2           <input type="checkbox"/> 3           <input type="checkbox"/> 4           <input type="checkbox"/> 5           <input type="checkbox"/> NA         </div>
6	Language abilities (Spoken) Please specify: <u>simple English, Karen &amp; Burmese</u>	X	<input checked="" type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> Poor           <input type="checkbox"/> Average           <input type="checkbox"/> Excellent           <input checked="" type="checkbox"/> NA         </div> <div> <input type="checkbox"/> 1           <input type="checkbox"/> 2           <input type="checkbox"/> 3           <input type="checkbox"/> 4           <input type="checkbox"/> 5           <input type="checkbox"/> NA         </div>
7	Other skills, if any please specify: <u>simple sewing</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> Poor           <input type="checkbox"/> Average           <input type="checkbox"/> Excellent           <input checked="" type="checkbox"/> NA         </div> <div> <input type="checkbox"/> 1           <input type="checkbox"/> 2           <input type="checkbox"/> 3           <input type="checkbox"/> 4           <input type="checkbox"/> 5           <input type="checkbox"/> NA         </div>

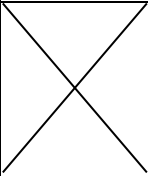
☐ Interviewed by overseas training centre / EA (Please state name of foreign training centre / EA: \_\_\_\_\_)  
 State if the third party is certified (e.g. ISO9001) or audited periodically by the EA: \_\_\_\_\_

☐ Interviewed via telephone/teleconference

☐ Interviewed via videoconference

☐ Interviewed in person

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

S/No	Area of Work	Willing YES/NO	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...N.A 1 2 3 4 5 N.A
1	Care of infants/children Please specify age range: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            Poor Average Excellent NA         </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            1 2 3 4 5 NA         </div>
2	Care of elderly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            Poor Average Excellent NA         </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            1 2 3 4 5 NA         </div>
3	Care of disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            Poor Average Excellent NA         </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            1 2 3 4 5 NA         </div>
4	General Housework	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            Poor Average Excellent NA         </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            1 2 3 4 5 NA         </div>
5	Cooking Please specify cuisine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            Poor Average Excellent NA         </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            1 2 3 4 5 NA         </div>
6	Language abilities (Spoken)		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            Poor Average Excellent NA         </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            1 2 3 4 5 NA         </div>
7	Other skills,	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            Poor Average Excellent NA         </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            1 2 3 4 5 NA         </div>

**(C) Employment History of the FDW****C1 Employment History Overseas**

Date		Country	Employer	Work Duties	Remarks
From	To				
2012-2015		Israel	Garment Factory	-Worked as a tailor.	

**C2 Employment History Singapore**

Previous working experience in Singapore ☐ Yes (Work Permit No: ) ☐ 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 by phone  
☐ FDW can be interviewed by video-conference  
☐ FDW can be interviewed in person

**(E) OTHER REMARKS**

She's not afraid to take care pet dogs.

Thin Thin Sein  
FDW Name and Signature  
Date: 12 Mar 2019

Nwa Khin Swe Aye (R1108433)  
EA Personnel Name and Registration Number  
Date: 12 Mar 2019

I have gone through the 5 pages 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 SERVICES 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 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.