



United Channel

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

Code : **WMH 303**

Passport Status:

MB 724045

A1 Personal Information

1. Name : SOE MOH MOH
2. Date of Birth : 01-10-1992 Age: 26
3. Place of Birth : HMAWBY
4. Height & Weight : 150 CM 55 KG
5. Nationality : MYANMAR
6. Residential address in home country : HMAWBY
7. Name of port / airport to be repatriated to: MINGALADON AIRPORT (YANGON)
8. Contact number in home country :
9. Religion : Christian
10. Education level : High School
11. Number of siblings : No. of Brother 2 Age: 40,26
No. of Sister 2 Age: 37,30
12. Marital Status : Married
13. Number of children : NA
Age (S) of children (if any) : Age (boy): Age(Girl):



A2 Medical History/Dietary Restrictions

14. Allergies (if any) : NA

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

- | | Yes | No | | Yes | No |
|-------------------|-----------------------|----------------------------------|--------------------|-----------------------|----------------------------------|
| i. Mental illness | ☐ | ☒ | vi. Tuberculosis | ☐ | ☒ |
| ii. Epilepsy | ☐ | ☒ | vii. Heart disease | ☐ | ☒ |
| iii. Asthma | ☐ | ☒ | viii. Malaria | ☐ | ☒ |
| iv. Diabetes | ☐ | ☒ | ix. Operations | ☐ | ☒ |
| v. Hypertension | ☐ | ☒ | x. Others: | | |

16. Physical disabilities: NO

17. Dietary restrictions: NO

18. Food handling preferences: ☐ No pork ☐ No beef ☐ Others:

(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 by Singapore EA or overseas training centre/ EA
- ☐ Interviewed by Singapore 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	Areas of Work	Willingness 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:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor 1	☐ 2	☐ Average 3	☒ Excellent 4	☐ 5	☐ NA NA
2.	Care of elderly	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor 1	☐ 2	☐ Average 3	☒ Excellent 4	☐ 5	☐ NA NA
3.	Care of disabled	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor 1	☐ 2	☐ Average 3	☒ Excellent 4	☐ 5	☐ NA NA
4.	General housework	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor 1	☐ 2	☐ Average 3	☒ Excellent 4	☐ 5	☐ NA NA
5.	Cooking Please specify cuisines: Simple Myanmar, Chinese food	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor 1	☐ 2	☐ Average 3	☒ Excellent 4	☐ 5	☐ NA NA
6.	Language abilities (spoken) Please specify: Simple English	-	☒ Yes ☐ No	☐ Poor 1	☒ 2	☐ Average 3	☒ Excellent 4	☐ 5	☐ NA NA
7.	Other skills, if any Please specify: ☐ Mandarin ☐ Dialect	☐ Yes ☒ No	☐ Yes ☒ No	☐ Poor 1	☐ 2	☐ Average 3	☐ Excellent 4	☐ 5	☒ NA NA

☒ 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	Areas of Work	Willingness 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:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor ☐ 1	☐ 2	☐ Average ☐ 3	☒ Excellent ☐ 4	☐ 5 ☐ NA ☐ NA	
2.	Care of elderly	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor ☐ 1	☐ 2	☐ Average ☐ 3	☒ Excellent ☐ 4	☐ 5 ☐ NA ☐ NA	
3.	Care of disabled	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor ☐ 1	☐ 2	☐ Average ☐ 3	☒ Excellent ☐ 4	☐ 5 ☐ NA ☐ NA	
4.	General housework	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor ☐ 1	☐ 2	☐ Average ☐ 3	☒ Excellent ☐ 4	☐ 5 ☐ NA ☐ NA	
5.	Cooking Please specify cuisines: Simple Myanmar, Chinese food	☒ Yes ☐ No	☒ Yes ☐ No	☐ Poor ☐ 1	☐ 2	☐ Average ☐ 3	☒ Excellent ☐ 4	☐ 5 ☐ NA ☐ NA	
6.	Language abilities (spoken) Please specify: Simple English	-	☒ Yes ☐ No	☐ Poor ☐ 1	☒ 2	☒ Average ☐ 3	☐ Excellent ☐ 4	☐ 5 ☐ NA ☐ NA	
7.	Other skills, if any Please specify: ☐ Mandarin ☐ Dialect	☐ Yes ☒ No	☐ Yes ☒ No	☐ Poor ☐ 1	☐ 2	☐ Average ☐ 3	☐ Excellent ☐ 4	☐ 5 ☒ NA ☒ NA	

(B) EMPLOYMENT HISTORY OF THE FDW

C1 Employment History Overseas

Date		Country (including FDW's home country)	Employer	Work Duties	Remarks
From	To				
04-2017	12-2018	Singapore	Chinese	house work and cooking.	two employers.
08-2016	04-2017	Singapore	Chinese	take care 3 children, one got mental problem. house work and cooking	because the boy pore the hot water to her and beat her.

C2 Employment History in Singapore

Previous work 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 employer 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
- ☐ can be interviewed by video-conference
- ☐ FDW can be interviewed in person

(E) OTHER REMARKS

SOE MOH MOH is 26 years old, ex-Singapore domestic helper. She is christian and married. She has taken care of children before. She coaxed the children to sleep, bathe, change clothes, prepare formula milk, etc. Besides from looking after the baby, she also did all the housework and cooking for the family. She did cleaning, washing clothes, ironing, marketing, etc. She can cook some of the Chinese dishes. SOE MOH MOH is very positive to learn more things. Pleasant and clean in look.

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:

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 (inperson/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.

ADDITIONAL INFORMATION

<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Contact No.</u>
Father :				
Mother :				
Name of Spouse :				

PERSONAL INFORMATION

<u>S/N</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>
1	Are you prepared to work for any nationality?	☒	☐
2	Do you have any allergies?	☐	☒
3	Do you have any illness/surgery in the last 6 months?	☐	☒
4	Are you afraid of dogs ?	☐	☒
5	Are you afraid of loneliness?	☐	☒
6	Are you wearing glasses ?	☐	☒
7	Are you willing to take care of elderly person ?	☒	☐
8	Are you willing to eat pork ?	☒	☐
9	Are you willing to take care of new born / infant?	☒	☐
10	Are you willing to look after bedridden?	☒	☐
11	Are you willing to work in a landed property ?	☒	☐
12	Are you willing to accept “No-Off-Day” as an employment criteria?	☒	☐

FDW Name and Signature

Date:

EA Personnel Name and Registration
Number

Date: