



# 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 : ZL 246

Passport Status:

### A1 Personal Information

1. Name : PHYU SABAL AUNG  
2. Date of Birth : 05-05-1980 Age: 40  
3. Place of Birth : TAUNGOO  
4. Height & Weight : 148 CM 46 KG  
5. Nationality : MYANMAR  
6. Residential address in home country : TAUNGOO  
7. Name of port / airport to be repatriated to: MINGALADON, YANGON  
8. Contact number in home country :  
9. Religion : Buddhist  
10. Education level : High School  
11. Number of siblings : No. of Brother 02 Age: 46,41  
No. of Sister Age:  
12. Marital Status : Married  
13. Number of children : 03  
Age (S) of children (if any) : Age (boy): 21,13 Age(Girl): 15



### A2 Medical History/Dietary Restrictions

14. Allergies (if any) : N.A

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

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

16. Physical disabilities: N.A

17. Dietary restrictions: N.A

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<br>Yes/No                                            | Experience<br>Yes/No<br>If yes, state the no. of years           | Assessment/Observation<br>Please state qualitative observations of FDW and/or rate the<br>FDW (indicate N.A. if no evaluation was done)<br>Poor Excellent ... N.A<br>1 2 3 4 5 N.A |                            |                                                                           |                            |                                                                  |                                                                       |
|------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1.   | Care of infants/children<br>Please specify age range:                                                         | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/><br>Poor<br><input type="radio"/><br>1                                                                                                                        | <input type="radio"/><br>2 | <input checked="" type="radio"/><br>Average<br><input type="radio"/><br>3 | <input type="radio"/><br>4 | <input type="radio"/><br>Excellent<br><input type="radio"/><br>5 | <input type="radio"/><br>NA<br><input type="radio"/><br>NA            |
| 2.   | Care of elderly                                                                                               | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/><br>Poor<br><input type="radio"/><br>1                                                                                                                        | <input type="radio"/><br>2 | <input checked="" type="radio"/><br>Average<br><input type="radio"/><br>3 | <input type="radio"/><br>4 | <input type="radio"/><br>Excellent<br><input type="radio"/><br>5 | <input type="radio"/><br>NA<br><input type="radio"/><br>NA            |
| 3.   | Care of disabled                                                                                              | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/><br>Poor<br><input type="radio"/><br>1                                                                                                                        | <input type="radio"/><br>2 | <input checked="" type="radio"/><br>Average<br><input type="radio"/><br>3 | <input type="radio"/><br>4 | <input type="radio"/><br>Excellent<br><input type="radio"/><br>5 | <input type="radio"/><br>NA<br><input type="radio"/><br>NA            |
| 4.   | General housework                                                                                             | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/><br>Poor<br><input type="radio"/><br>1                                                                                                                        | <input type="radio"/><br>2 | <input checked="" type="radio"/><br>Average<br><input type="radio"/><br>3 | <input type="radio"/><br>4 | <input type="radio"/><br>Excellent<br><input type="radio"/><br>5 | <input type="radio"/><br>NA<br><input type="radio"/><br>NA            |
| 5.   | Cooking<br>Please specify cuisines:                                                                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/><br>Poor<br><input type="radio"/><br>1                                                                                                                        | <input type="radio"/><br>2 | <input checked="" type="radio"/><br>Average<br><input type="radio"/><br>3 | <input type="radio"/><br>4 | <input type="radio"/><br>Excellent<br><input type="radio"/><br>5 | <input type="radio"/><br>NA<br><input type="radio"/><br>NA            |
| 6.   | Language abilities (spoken)<br>Please specify:                                                                | -                                                                | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/><br>Poor<br><input type="radio"/><br>1                                                                                                                        | <input type="radio"/><br>2 | <input checked="" type="radio"/><br>Average<br><input type="radio"/><br>3 | <input type="radio"/><br>4 | <input type="radio"/><br>Excellent<br><input type="radio"/><br>5 | <input type="radio"/><br>NA<br><input type="radio"/><br>NA            |
| 7.   | Other skills,<br>if any Please specify:<br><input type="checkbox"/> Mandarin <input type="checkbox"/> Dialect | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | <input type="radio"/><br>Poor<br><input type="radio"/><br>1                                                                                                                        | <input type="radio"/><br>2 | <input type="radio"/><br>Average<br><input type="radio"/><br>3            | <input type="radio"/><br>4 | <input type="radio"/><br>Excellent<br><input type="radio"/><br>5 | <input checked="" type="radio"/><br>NA<br><input type="radio"/><br>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<br>Yes/No                                            | Experience<br>Yes/No<br>If yes, state the no. of years           | Assessment/Observation<br>Please state qualitative observations of FDW and/or rate the<br>FDW (indicate N.A. of no evaluation was done)<br>Poor Excellent ... N.A<br>1 2 3 4 5 N.A |                         |                                                                     |                         |                                                            |                                                                 |
|------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------|-------------------------|------------------------------------------------------------|-----------------------------------------------------------------|
| 1.   | Care of infants/children<br>Please specify age range:                                                         | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Poor<br><input type="radio"/> 1                                                                                                                              | <input type="radio"/> 2 | <input checked="" type="radio"/> Average<br><input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> Excellent<br><input type="radio"/> 5 | <input type="radio"/> NA<br><input type="radio"/> NA            |
| 2.   | Care of elderly                                                                                               | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Poor<br><input type="radio"/> 1                                                                                                                              | <input type="radio"/> 2 | <input checked="" type="radio"/> Average<br><input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> Excellent<br><input type="radio"/> 5 | <input type="radio"/> NA<br><input type="radio"/> NA            |
| 3.   | Care of disabled                                                                                              | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Poor<br><input type="radio"/> 1                                                                                                                              | <input type="radio"/> 2 | <input checked="" type="radio"/> Average<br><input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> Excellent<br><input type="radio"/> 5 | <input type="radio"/> NA<br><input type="radio"/> NA            |
| 4.   | General housework                                                                                             | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Poor<br><input type="radio"/> 1                                                                                                                              | <input type="radio"/> 2 | <input checked="" type="radio"/> Average<br><input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> Excellent<br><input type="radio"/> 5 | <input type="radio"/> NA<br><input type="radio"/> NA            |
| 5.   | Cooking<br>Please specify cuisines:                                                                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Poor<br><input type="radio"/> 1                                                                                                                              | <input type="radio"/> 2 | <input checked="" type="radio"/> Average<br><input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> Excellent<br><input type="radio"/> 5 | <input type="radio"/> NA<br><input type="radio"/> NA            |
| 6.   | Language abilities (spoken)<br>Please specify:                                                                | -                                                                | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Poor<br><input type="radio"/> 1                                                                                                                              | <input type="radio"/> 2 | <input checked="" type="radio"/> Average<br><input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> Excellent<br><input type="radio"/> 5 | <input type="radio"/> NA<br><input type="radio"/> NA            |
| 7.   | Other skills,<br>if any Please specify:<br><input type="checkbox"/> Mandarin <input type="checkbox"/> Dialect | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | <input type="radio"/> Poor<br><input type="radio"/> 1                                                                                                                              | <input type="radio"/> 2 | <input type="radio"/> Average<br><input type="radio"/> 3            | <input type="radio"/> 4 | <input type="radio"/> Excellent<br><input type="radio"/> 5 | <input checked="" type="radio"/> NA<br><input type="radio"/> NA |

**(B) EMPLOYMENT HISTORY OF THE FDW****C1 Employment History Overseas**

| Date |    | Country<br>(including FDW's home<br>country) | Employer | Work Duties | Remarks |
|------|----|----------------------------------------------|----------|-------------|---------|
| From | To |                                              |          |             |         |
|      |    |                                              |          |             |         |
|      |    |                                              |          |             |         |

**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**

\_\_\_\_\_  
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:

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**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 :            | U SAN MYINT  |            | PASSED AWAY       |                    |
| Mother :            | DAW SHEW YIN |            | PASSED AWAY       |                    |
| 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?                     | <input checked="" type="radio"/> | <input type="radio"/>            |
| 2          | Do you have any allergies?                                        | <input type="radio"/>            | <input checked="" type="radio"/> |
| 3          | Do you have any illness/surgery in the last 6 months?             | <input type="radio"/>            | <input checked="" type="radio"/> |
| 4          | Are you afraid of dogs ?                                          | <input type="radio"/>            | <input checked="" type="radio"/> |
| 5          | Are you afraid of loneliness?                                     | <input type="radio"/>            | <input checked="" type="radio"/> |
| 6          | Are you wearing glasses ?                                         | <input type="radio"/>            | <input checked="" type="radio"/> |
| 7          | Are you willing to take care of elderly person ?                  | <input checked="" type="radio"/> | <input type="radio"/>            |
| 8          | Are you willing to eat pork ?                                     | <input checked="" type="radio"/> | <input type="radio"/>            |
| 9          | Are you willing to take care of new born / infant?                | <input checked="" type="radio"/> | <input type="radio"/>            |
| 10         | Are you willing to look after bedridden?                          | <input checked="" type="radio"/> | <input type="radio"/>            |
| 11         | Are you willing to work in a landed property ?                    | <input checked="" type="radio"/> | <input type="radio"/>            |
| 12         | Are you willing to accept “No-Off-Day” as an employment criteria? | <input checked="" type="radio"/> | <input type="radio"/>            |

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FDW Name and Signature

Date:

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EA Personnel Name and Registration  
Number

Date: