

# PT. GRAHA MITRA BALINDO

(SIPPTKI No. 286 Tahun 2019)

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HONGKONG - TAIWAN - SINGAPURA - MALAYSIA - BRUNEI

## **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

| <b>A</b> 1 | Personal Information                          |  |  |
|------------|---|--|--|
| 1.         | Code: G1019                                   |  |  |
| 2.         | Name :  |  |  |
| 3.         | Date Of Birth: 20 February 2023 Age: 0        |  |  |
| 4.         | Place Of Birth:                               |  |  |
| 5.         | Height & Weight: cm kg                        |  |  |
| 6.         | Nationality:                                  |  |  |
| 7.         | Residential address in home country:          |  |  |
| 8.         | Name of port / airport to be repatriated to : |  |  |
| 9.         | Contact number in home country:               |  |  |
| 10.        | Religion: None                                |  |  |
| 11.        | Education level: None                         |  |  |
| 12.        | Number of siblings :                          |  |  |
| 13.        | Marital status: None                          |  |  |
| 14.        | Number of children :                          |  |  |
|            | Age(s) of children (if any):                  |  |  |



### A2 Medical History/Dietary Restrictions

N/A

| i.   | Mental illness  YES | V | NO |
|------|---------------------|---|----|
| ii.  | Epilepsy  YES       | V | NO |
| iii. | Asthma<br>YES       | V | NO |
| iv.  | Diabetes  U YES     | V | NO |
| ٧.   | Hypertension YES    | V | NO |
| vi.  | Tuberculosis        | V | NO |

Allergies (if any):

| vii.  | Heart disease   | V I    | NO                           |  |   |
|-------|---|--------|------------------------------|--|---|
| viii. | Malaria<br>YES  | V      | NO                           |  |   |
| ix.   | Operations    YES   | V      | NO                           |  |   |
| Othe  | ers: N/A  |        |                              |  |   |
| Phys  | sical disabilities  | : 1    | N/A                          |  |   |
| Dieta | ary restrictions:   | Ν      | I/A                          |  |   |
| Food  | d handling prefe  | rence  | es                           |  |   |
| Othe  | No Pork<br>er: N/A  |        | No Beef                      |  |   |
| А3    | Other   |        |                              |  |   |
| Pre   | ference for rest  | day    | : N/A                        |  | Any other remarks : N/A   |
| (B)   | (B) SKILLS OF FDW   |        |                              |  |   |
| B1    | B1 Methods of Evaluation of Skills  |        |                              |  |   |
|       | ∇ Based on FDW's declaration, no evalation/observation by Singapore EA or overseas training centre/EA |        |                              |  |   |
|       |   |        |                              |  |   |
|       | ☐ Interviewed via telephone/teleconference  |        |                              |  |   |
|       | ☐ Interviewed via videoconference   |        |                              |  |   |
|       |   | d in p | person                       |  |   |
|       | ☐ Interviewed in person and also made observation of FDW in the areas of work listed in table         |        |                              |  |   |
| S/No  | Areas of Wo   | ork    | <b>Willingness</b><br>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)  PoorExcellentN.A  1 2 3 4 5 N.A |
| 1     | Care of   |        | NO                           | NO   | Rate : 0  |

| S/No | Areas of Work   | <b>Willingness</b><br>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) PoorExcellentN.A 1 2 3 4 5 N.A |
|------|---|------------------------------|--|--|
| 1    | Care of infants/children Please specify age range:  N/A | NO                           | NO   | Rate: 0  |
| 2    | Care of elderly   | NO                           | NO   | Rate: 0  |
| 3    | Care of disabled  | NO                           | NO   | Rate: 0  |
| 4    | General<br>housework                                    | NO                           | NO   | Rate : 0   |

| 5  | Cooking  | NO            | NO               |                 | Ra       | te : 0      |         |
|--|--|---------------|------------------|-----------------|----------|-------------|---------|
|  | Please specify   |               |                  |                 |          |             |         |
|  | cuisines:  |               |                  |                 |          |             |         |
|  | N/A  |               |                  |                 |          |             |         |
| 6  | Language   | NO            | NO               |                 | Ra       | te : 0      |         |
|  | Please specify:  |               |                  |                 |          |             |         |
|  | N/A  |               |                  |                 |          |             |         |
| 7  | Other skills, if any   | NO            | NO               |                 | Ra       | te : 0      |         |
|  | Please specify:  |               |                  |                 |          |             |         |
|  | <u>N/A</u>   |               |                  |                 |          |             |         |
| (C)  | EMPLOYMENT   | HISTORY O     | OF FDW           |                 |          |             |         |
| C1   | Employment Hi  |               |                  |                 |          |             |         |
| D  | Pate Coun  | try (includir | g FDW's home o   | country)        | Employer | Work Duties | Remarks |
| Fro  |  |               |                  |                 |          |             |         |
|  |  |               | No Result I      | or work oversea | S        |             |         |
| C2   | Employment Hi  | istory in Sin | gapore           |                 |          |             |         |
| Previous working experience in Singapore   |  |               |                  |                 |          |             |         |
|  | EA is required to oyment history of the  |               |                  |                 |          |             |         |
| WPC  | 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 e    | nployers in Sing | apore           |          |             |         |
| 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:  Date  Country (including FDW's home country) |  |               |                  |                 |          |             |         |
| (D)  |  |               |                  |                 |          |             |         |
| _  | FDW is not available   |               |                  |                 |          | <del></del> |         |
| _  | FDW can be intervie  |               |                  |                 |          |             |         |
| FDW can be interviewed by video-conference   |  |               |                  |                 |          |             |         |
|  |  |               |                  |                 |          |             |         |
| (E)  | OTHER REMAR  | RKS           |                  |                 |          |             |         |
|  |  |               |                  |                 |          |             |         |
|  |  |               |                  |                 |          |             |         |
|  |  |               |                  |                 |          |             |         |

| FDW Name and Signature<br>Date :   | EA Personnel Name and Registration Number Date :    |  |  |  |
|--|---|--|--|--|
| I have gone through the 4 nage hindata of th   | his FDW and confirm that I would like to employ her |  |  |  |
| 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 (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.