

PERFECT TEAM MAID AGENCY PTE LTD LIC:08C4952

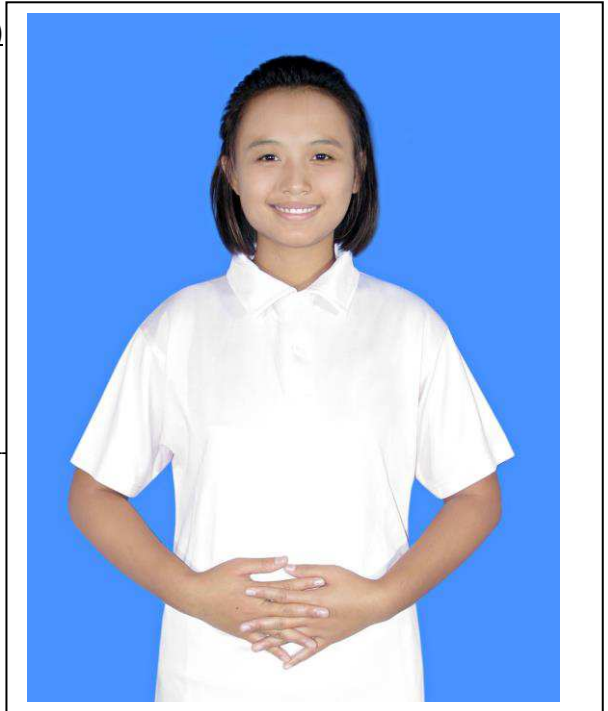
BIO-DATA OF FOREIGN DOMESTIC WORKER (FDW)

*please ensure that you run through the information within the bio data as it is an important document to help you select a suitable FDW.

(A) PROFILE OF FDW

A1 personal information CODE : **SZ1003** (pp not ready) (7MONTH)

1. Name : EH MA LAR WAH
2. Date of Birth: 26 DEC 1991 Age : 24
3. Place of Birth: PADANKHO,KAYAR
4. Height & weight : 157.48 cm 47 kg
5. Nationality : KAYAN
6. Residential address in home country: YANGON,MYANMAR
7. Name of port /airport to be repatriated to: YANGON
8. Contact number in home country: _____
9. Religion: CHRISIAN
10. Education level: 10 PASS
11. Number of siblings: 5
12. Marital status : SINGLE
13. Number of children : -
-Age(s) of children (if any): -



A2 Medical History/ dietary Restrictions

14. Allergies(if any): NA
15. Past and existing illness (including chronic ailments and illness requiring medication):

	yes	No		yes	No
1. I. mental illi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vi. Tuberculosis:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii. Esilepsy:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vii. Heart disease:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	viii. malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ix. Operations:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	x. Others: <u>NIL</u>		

16. Physical disabilities: NIL

17. Dietary restrictions: NIL

18. food handing preference: pork no beef others: fish

A3 Others

19. preference for rest day: NIL rest day(s) per month. (after deduction)

20. any other remarks: _____

SAL: \$430+\$80 (4 OFF COMPENSATE) MONTHLY NO OFF/ P.FEE: \$3570 / PM: \$30.

(B) SKILLS OF FDW

B1 Method of Evaluation of Skills

Please indicate the method(s) used to evaluation 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. of no evaluation was done) PoorExcellentN.A 1 2 3 4 5 N.A
1.	Care of infants/ children Please specify age range			
2.	Care of elderly			
3.	Care of disabled			
4.	General housework			
5.	Cooking Please specify cuisines: Myanmar Food			
6.	Language abilities (spoken) Please specify:			
7.	Others skills, if any Please specify:			

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1.	Care of infants/ children Please specify age range: _____	YES	YES MYANMAR	5 SHE WAS TAKE CARE OF HER SIBLING
2.	Care of elderly	YES	YES	4 SHE TAKE CARE OF HER GRANDMOTHER(80 years old)
3.	Care of disabled	NO	NO	1 POOR
4.	General housework	YES	YES MYANMAR	4 SHE WAS DOING GENERAL HOUSE WORK IN HER HOME
5.	Cooking Please specify cuisines: Myanmar Food	YES	YES MYANMAR	3 Only Myanmar food
6.	Language abilities (spoken) Please specify:ENGLISH	YES		Learn from Myanmar- FAIR 4
7.	Others skills, if any Please specify:_____	YES	NO	-

(c) EMPLOMENT HISTROY OF THE FDW**C1 Employmenthistory overseas**

Date		Country (including FDW's home country)	employer	Work duties	Remarks
from	To				
					NO OFF DAY

C2 Employment History in Singapore

Previous working experience in Singapore Yes 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 history in Singapore through WPOL using SingPass)

C3 Feedback from previous employers in Singapore

Feedback was/ was not obtained by the EA from pervious employers. If feedback was obtained (attach testimonial if possible), please indicate the feedback in the table below:

	Feedback

(D) AVAILABLE OF FDW TO BE INTERVIEWED BY PROSPECTIVE EMPLOYER

- FDW is not available for interview
- FDW can be interviewed by phone
- FDW can be interview by video-conference
- FDW can be interview in person

(E) OTHER REMARKS

SHE CAN TAKE CARE OF CHILDREN AND ELDERLY PERSON. SHE CAN DO CLEANING COOKING IRONING AND GENERAL HOUSE WORK .

EH MA LAR WAH _____

FDW Name and Signature

Date:

EA personnel name and Registration

Number Date:

I have gone through the 4 page bidata of this FDW and confirmation that I would like to employ her

Employer Name and NRIC No

Date:

IMPORTANT NOTES FOR EMPLOMENT 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/vide oconference) 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.