

U 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) PROFILEOFFDW

A1 Personal Information

- 1. Name: **SALMAINA SABUSAYA**
- 2. **AGE 36 YEARS OLD**

2. Date of birth: 

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3. Place of birth; **SRAGEN**

4. Height & weight : **156CM & 55KG**

5. Nationality: INDONESIAN

6. Residential address in home country; **BENKONG ALJABAR BLOK F NO 2 RT 004 RW 008 DS BENKONG INDAH KEC BENKONG BATAM**

7. Name of port / airport to be repatriated to: SURABAYA

8. Contact number in home country ; **+62 85786908912**

9. Religion: **MUSLEM**

10. Education level; **JUNIOR HIGH SCHOOL**

11. Number of siblings; **3 IAM NO 2**

12. Marital status: **MARRIED**

13. Number of children: **2 16YO 13YO**

- Age(s) of children (if any)

A2 Medical History/Dietary Restrictions

14. Allergies (if any): NO



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

- |                   |     |           |                    |     |           |
|-------------------|-----|-----------|--------------------|-----|-----------|
|                   | Yes | <b>No</b> |                    | Yes | <b>No</b> |
| 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: \_\_\_\_\_

17. Dietary restrictions: \_\_\_\_\_

18. Food handling preferences: **Yes pork** **Yes beef** Others: SHE CANT EAT PORK

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: _____		<b>YES (7 YEARS OLD)</b>						
2.	Care of elderly	<b>YES</b>							
3.	Care of disabled	<b>YES</b>							
4.	General housework		<b>YES</b>						
5.	Cooking  Please specify cuisines:		<b>YES</b>						
6.	Language abilities (spoken)  Please specify:-								
7.	Other skills, if any  Please specify:								

(C) EMPLOYMENT HISTORY OF THE FDW

C1 Employment History Overseas

Date		Country (including FDW's home country)	Employer	Work Duties	Remarks
From	To				
<b>2019</b>	<b>2022</b>	<b>SINGAPORE</b>	<b>MS ROHMA</b>	<b>TAKE CARE THE AHMA 80YO COOKING, CLEANING AND GENERAL HOUSE WORK.</b>	<b>FINISH</b>

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