

PT DUTA AMPEL MULIA

BIO-DATA OF FOREIGN DOMESTIC WORKER (FDW)

(A) PROFILE OF FDW

Code: **DAM017**

A1 Personal Information

1. Name: AFINA WULANDARI
2. Date of birth: **05 April 1999** Age : **23 YEARS OLD**
3. Place of birth: INDRAMAYU
4. Height & weight **145 CM** **58 kg**
5. Nationality: INDONESIA
6. Residential address in home country: WEST JAVA – INDONESIA
7. Name of port / airport to be repatriated to: SOEKARNO HATTA
8. Contact number in home country: _____
9. Religion: MOESLIM
10. Education level: SENIOR HIGH SCHOOL
11. Number of siblings: 1 BROTHER 20yo
12. Marital status ; SINGLE
13. Father Name : SUTARNO Age: 43YO
14. Father Occupation : FARMER
- Passport Status: READY



A2 Medical History/Dietary Restrictions

14. Allergies (if any): NIL
15. Past and existing illnesses (including chronic ailments and illnesses requiring medication):
- | | Yes | No | | Yes | No |
|-------------------|--------------------------|-------------------------------------|--------------------|--------------------------|-------------------------------------|
| i. Mental illness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | vi. Tuberculosis | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ii. Epilepsy | <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: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
16. Physical disabilities: Nil
17. Dietary restrictions: Nil
18. Food handling preferences: No pork No beef others:

(B) SKILLS OF FDW

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) PoorExcellent...N.A 1 2 3 4 5 N.A
1.	Care of infants/children Please specify age range:	YES	YES	4 TAKE CARE OF CHILDREN
2.	Care of elderly	YES	YES	4 TAKE CARE OF EDERLY
3.	Care of disabled	YES	NO	2 WILLING TO TAKE CARE OF DISABLE
4.	General housework	YES	YES	5 WASHING,IRONING,SWEEP THE FLOOR,WIPE GROUND,ETC...
5.	Cooking Please specify cuisines:	YES	YES	4 CAN COOK INDONESIAN FOOD
6.	Language abilities (spoken) Please specify: English	YES	NO	2 CAN SPEAK ARABIC AND SIMPLE ENGLISH
7.	Other skills, if any Please specify:			

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

From		To	Country (Including FDW's home country)	Employer	Work Duties	Remarks
APRIL 2018	JUNI 2020	JAKARTA	MS. MARLINE	TAKE CARE CHILDREN 3 yo GIRL, COOKING, HOUSE WORK.	2 ADULT, 1 CHILD	
MARET 2021	MARET 2022	INDRAMYU	MS.KURNIASIH	TAKE CARE CHILDREN 1 yo, HOUSE WORK	2 ADULT, 3 CHILD	