

BIO-DATA OF FOREIGN DOMESTIC WORKER (FDW)

A1 Personal Information **SP - 052**

1. Name: DILLAH MELASARI

2. Date of birth: Age:

3. Place of birth: KARAWANG

4. Height & weight: cm kg

5. Nationality: INDONESIA

6. Residential address in home country: Dusun Ciligur I RT/Rw 008/004 Desa Sindangmukti Kec. Kutawaluya Kab. Karawang

be repatriated to: _____

8. Contact number in home country: -

9. Religion: MOSLEM

10. Education level: SENIOR HIGH SCHOOL

11. Number of siblings: 3

12. Marital status: MARRIED

13. Husband Name: SUHENDRI Age: 36YO

14. Husband Occupation: BURUH

15. Number of children: 2

1. Age(s) of children : 11 and 3 YO

16. Vaccine: SINOVAC (3DOSE)



A2 Medical History/Dietary Restrictions

14. Allergies (if any): _____

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"/>
i. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vii. Heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii. Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	viii. Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ix. Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	x. Others: _____		

16. Physical disabilities: None _____

17. Dietary restrictions: None _____

18. Food handling preferences: No Pork No Beef Others: _____

(B) SKILLS OF FDW

S/No	Areas of Work	Willingness	Experience	Assessment/Observation
		Yes/No	Yes/No If yes, state the no. of years	Please state qualitative observations of FDW and/or rate the FDW (indicate N.A. of no evaluation was done)
1.	Care of infants/children Please specify age range: _____	Yes	Yes	4
2.	Care of elderly	Yes	No	N.A
3.	Care of disabled	Yes	No	N.A
4	General housework	Yes	Yes	4
5.	Cooking Please specify cuisines:	Yes	Yes	4
6.	Language abilities (spoken) Please specify: _____	X		
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				
2014	2017 (3YEARS)	INDONESIA	JAKARTA	TAKE CARE CHILDREN (2 YO) HOUSE KEEPING, COOKING, MARKETING AND CAR WASH	