



NO.2A, ARAS 2, JALAN PJS 8/6, BANDAR SUNWAY,  
46150 PETALING JAYA, SELANGOR DARUL EHSAN.

No Tel : 03 -7496 6639 HP: 010 - 325 7631/012 - 299 2108/012-384 2786

E-mail : eurostar11a@yahoo.com / nursyahidatul2786@gmail.com

1. Name: TATIK HARIANI

2. Dateofbirth:

3. Placeofbirth: KEDIRI

4. Height&Weight:

5. Nationality:INDONESIA

6. Residentialaddressinhomecountry: : MAWAT SARI RT 013-RW 006  
DESA BANJARSARIKULON KECAMATAN DAGANGAN KABUPATEN MADIUN

7. Nameofport/airporttoberepatriatedto:- SURABAYA

8. Contactnumberinhomecountry: 081 359 420 086

9. Religion:MOESLEM

10. Educationlevel: JUNIOR HIGH SCHOOL

11. Numberofsiblings: 3 SHE NUMBER 3

12. Maritalstatus: MARRIED

13. Numberofchildren: -



A2 MedicalHistory/DietaryRestrictions

14. Allergies(ifany): \_\_\_\_\_

15. Pastandexistingillnesses(includingchronicailmentsand illnessesrequiringmedication):

	Yes	No		Yes	No
i. Mentalillness	<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. Heartdisease	<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: _____		

16. Physicaldisabilities: \_\_\_\_\_

17. Dietaryrestrictions: \_\_\_\_\_

18. Food handling preferences: pork  No beef  ers:Can Handle Pork

A3 Others

(B) SKILLS OF FDW

B1 Method of Evaluation of Skills

Please indicate the method(s) used to evaluate 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 video conference

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 observation of FDW and/or rate the FDW (indicate N.A. if no evaluation was done) poor.....Excellent...N.A 12 3 4 5 N.A					
1.	Care of infants/children Please specify age range: _____	YES	YES				4		
2.	Care of elderly Please specify age range: _____	YES	YES				4		
3.	Care of disabled	NO	NO				3		
4.	General housework	YES	YES				4		
5.	Cooking Please specify cuisines: _____	YES	YES				4		
6.	Language abilities (spoken) Please specify: <u>MELAYU</u>	X							MELAYU
7.	Other skills, if any Please specify: _____								