

[illegible]

Family Background																								
Father :	SUTRIMO			Age :	ALM	Occupation :																		
Mother :	KAMINEM			Age :	65	Occupation :	TANI																	
Husband :	SUWANDIK			Age :	38	Occupation :	TANI																	
No. of Brothers :	2		No. of Sisters :	4		Position in the Family :	6																	
No Of Children	2		Age of Children	12 YEARS, 8 YEARS																				
<p>1. Wha experience do you have in general housework ?</p> <table border="1"> <tbody> <tr> <td><input checked="" type="checkbox"/> Cleaning</td> <td><input checked="" type="checkbox"/> Furniture</td> <td><input checked="" type="checkbox"/> Washing Machine</td> <td><input checked="" type="checkbox"/> Washing Car</td> <td><input checked="" type="checkbox"/> Fix Bed</td> </tr> <tr> <td><input checked="" type="checkbox"/> Window</td> <td><input checked="" type="checkbox"/> Ironing</td> <td><input checked="" type="checkbox"/> Sewing Clothes</td> <td><input checked="" type="checkbox"/> Hand Washing Clothes</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Floor</td> <td><input checked="" type="checkbox"/> Gardening</td> <td><input checked="" type="checkbox"/> Caring for Per</td> <td><input checked="" type="checkbox"/> Vacuum Cleaning</td> <td></td> </tr> </tbody> </table>										<input checked="" type="checkbox"/> Cleaning	<input checked="" type="checkbox"/> Furniture	<input checked="" type="checkbox"/> Washing Machine	<input checked="" type="checkbox"/> Washing Car	<input checked="" type="checkbox"/> Fix Bed	<input checked="" type="checkbox"/> Window	<input checked="" type="checkbox"/> Ironing	<input checked="" type="checkbox"/> Sewing Clothes	<input checked="" type="checkbox"/> Hand Washing Clothes		<input checked="" type="checkbox"/> Floor	<input checked="" type="checkbox"/> Gardening	<input checked="" type="checkbox"/> Caring for Per	<input checked="" type="checkbox"/> Vacuum Cleaning	
<input checked="" type="checkbox"/> Cleaning	<input checked="" type="checkbox"/> Furniture	<input checked="" type="checkbox"/> Washing Machine	<input checked="" type="checkbox"/> Washing Car	<input checked="" type="checkbox"/> Fix Bed																				
<input checked="" type="checkbox"/> Window	<input checked="" type="checkbox"/> Ironing	<input checked="" type="checkbox"/> Sewing Clothes	<input checked="" type="checkbox"/> Hand Washing Clothes																					
<input checked="" type="checkbox"/> Floor	<input checked="" type="checkbox"/> Gardening	<input checked="" type="checkbox"/> Caring for Per	<input checked="" type="checkbox"/> Vacuum Cleaning																					
Infant / Child Care																								
1. Are you willing to take care of newly born baby ?						<input checked="" type="checkbox"/> Yes.	<input type="checkbox"/> No.																	
2. Age of children you have taken cared of :						Years Old	0		Months															
<input checked="" type="checkbox"/> Bathing	<input checked="" type="checkbox"/> Testing Body Temp			<input checked="" type="checkbox"/> Changing Diapers																				

<input checked="" type="checkbox"/>	Feeding	<input checked="" type="checkbox"/>	Sterilizing Baby Bottle	<input checked="" type="checkbox"/>	Preparing Baby Food
<input type="checkbox"/>	Caring of Child with Mental Disabilities	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Caring of Child During Night Time
<input type="checkbox"/>	Caring of Baby During Night Time				

Care of Old Aged / Bedridden / Disabled person

1. What experience do you have in taking care of elderly, bedridden or disabled person ?

☐ Female

Age :

☐ Male

Age :

☐ Disabled

☐ Bedridden

2. If you hare no experience, are you willing to take care of alderly, bedridden or disabled person ?

☒ Yes.☐ No.

Cooking

1. Do you have any experience in cooking ?

☒ Yes.☐ No.

2. If you have experience, please state :

Acceptable

☐

Average

☐

Good

☐

Chinese Food

Indonesia Food

Filipino Food

Vienam Food

Thai Food

Nepalese Food

Singaporean / Malaysian Food

Middle Eastern Food

Taiwanese Food

Baking

☐

☐

☐

☐

☐

☐

☒

☐

☒

☐

☒

☐

☐

☐

☐

☐

☒

☐

☐

☐

Domestic Helper Employment Records

NamaofEmployyer

Address :

Telephone :

Nationality :

Your duties :

WINI

MALAYSIA

No. of Family Members :5

MALAYSIA

Language You spoke with Your Employer :
MALAY

Date from :

2022

To :

2024

☒ General Housework

☐ Car Washing

☒ Gardening

☒ Cooking

☒ Washing Clothes

☒ Ironing

☐ Chinese Food

☐ Western Food

☒ Indonesian Food

☐ Filipino Food

☐ Thai Food

☐ Nepalese Food

☐ Middle eastern Food

☐ Taiwanese Food

☒ Singaporean Food

☐ Malaysian Food

☐ Baby CareAge :

☒ Child CareAge :

15 YRS OLD (IDIOT AND DISABLE)

☐ Elderly CareAge :

The first day you began work

The first day you began work

☐ Disabled person Care

Reason For Leaving

FINISH CONTRAT

Nama of Employer Address : Telephone : Nationality	DAYANA	Date from :	1-8-2024	To :	1-2-2025
	SINGAPORE				
		No. of Family Member :	3		
	SINGAPORE	Language You spoke with Your Employer:	MALAY, ENGLISH		

Your duties :

☒ General Housework

☐ Car washing

☐ Gardening

☒ Cooking

☒ Washing Clothes

☒ Ironing

☒ Chinese Food

☐ Western Food

☐ Indonesia Food

☐ Filipino Food

☐ Thai Food

☐ Nepalese Food

☐ Middle Eastern Food

☐ Taiwanese Food

☐ Singaporean Food

☐ Malaysia Food

☐ Baby Care Age :

☒ Child Care Age :

5 YRS OLD

☐ Elderly Age :

The first day you began work

The first day you began work

☐ Disabled Person Care

Reason for Leaving : EMPLOYERS DON'T USE ASSISTANTS ANYMORE

Please rank from 1 (most experienced) to 10 (least experienced)

	Number
a. Household chores	1
b. Cooking	2
c. Nursing Infant	8
d. Caring for Child	4
e. Caring for Elderly Person	6
f. Caring for Disabled Person	7
g. Washing and Ironing Clothes	3
h. Caring for pet	10
i. Gardening	9
j. Washing Car	5

Part A General Information

Are You Willing	Willing	Unwilling	Comments
1. To eatChinese Food provided by your employer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. To work with a family wit elderly person	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. To take care of male senior / disabled patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. To share a room with children / elderly person / relative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

5.	To accept the weekly day off assigned by your employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	To work on your day of for overtime pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	To do some household chores on day off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	To return home no later than the time set by your employer during your day off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B Personal Questions

		Yes.	No.
1.	Do you smoke ?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you drink alcohol ?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you willing to serve a family of more than 6 members ?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Can you promise not to invite friends and relatives to visit you at your employer’s home without the consent of your employer ?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Can you promise to dress properly , wearing no make-up and nail polish while working ?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Can you promise not to ask for salary advance from your employer under any circumstances ?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Can you prepare and cook beef ?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Can you prepare and cook prok ?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you shower and brush your teeth daily ?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Can you take care of dog (s), cat (s), and bird (s) ?	<input type="checkbox"/>	<input type="checkbox"/>

Please Answer the Following Questions

Briefly talk about the responsibilities of a domestic helper
HARD WORKING,HONEST OBIDENT

Briefly explain your reasons for working in Hong Kong
BECAUSE I NEED MUCH MONEY FOR MY FAMILI

Who will take care your children / parents / family when you are not at home ?

What are your hobbies and interests ?

FDH Name : Date :

Comments from Training Centre