

SINGAPORE
POLYTECHNIC



MINISTRY OF
MANPOWER

CERTIFICATE OF ATTENDANCE

It is hereby certified that

CHEE CHER LING

has attended an e-Learning Course on

*Foreign Domestic Worker Employers' Orientation
Programme (FDW-EOP)*

and completed the course on 20 Aug 2019



This is a computer-generated certificate and no signature is required

Certificate No: E1958260



Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764
Telephone : (65) 64385122
Website : <http://www.mom.gov.sg>
Email : mom_wpd@mom.gov.sg

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 20/08/2019
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

Worker Details

WP No. : 0 94521300
Name of Worker : SHWE ZIN HTAY
DOB of Worker : 20/05/1993
Sex : FEMALE
Worker's FIN : G8760169U
Passport No. : MD839537
Nationality : MYANMAR

Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	10/01/2019	04/08/2019	General Household

No person shall in any way make any additions, modifications, adjustments or alterations to the information, or further disclose the information to any other person(s) unless required by the Ministry of Manpower.

Chee Chos Ling
.....
Name of Employer

Cher Ling
.....
Date Sign

SECTION B: TO BE COMPLETED BY ASSESSOR (i.e. SMC FULLY REGISTERED DOCTOR, SNB REGISTERED NURSE OR FULLY REGISTERED PHYSIOTHERAPIST UNDER AHPC)

FUNCTIONAL ASSESSMENT

(if no patient's sticky label)

Name of Patient : _____

NRIC/BC : _____

AOU MAY CHOO
(MDM.) 80687105D

FEMALE CHINESE DOB: 22/09/1935
Case: 1219569000D LANG

4 LOHONG LIEW LIAN
806-86 5531006 TEL N/A

01/05/08/2019 Trm 12/2

1 Activities of Daily Living (ADLs)*

		Requires help/supervision from an assistant.	Independent – No help is required.
i	Mobility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii	Washing or Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii	Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv	Feeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>
v	Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vi	Transferring	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2 Comments

Please estimate when the assistance with the ADLs first started. 05 / 2018 (MM/YYYY)

If the onset of the assistance with ADLs is less than 6 months ago, please indicate whether the need for assistance will be required for at least another 6 months.

☒ **Yes, required for another 6 months** ☐ **No**

Additional Comments (e.g. whether the need for assistance is of permanent nature, or unlikely to require permanent assistance due to recovery potential): poor eyesight

I confirm that the assessment done for the above applicant is true and correct to my best knowledge, and with reference to the declaration made by the applicant in Section A. I am aware that the assessment for this application will serve as reference only. The Scheme Administrator reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.

RN LIU YANG 92

Name, Registration No. & Signature
of Assessor

Ward PD
Tan Tok Sen
Tel No 8357 201
Stamp of Organisation / Clinic
/ Hospital

9/8/19 635/2014
Date Tel / Fax Nos.

Important Note: Assessor must sign against any amendment made and affix the official stamp of the organisation / clinic / hospital. If not, the report will be deemed to be incomplete.

*** Notes for Assessor**

- Washing or Bathing** Needs help to wash body (excluding back) in the bath, shower or sponge/bath. Includes subcomponents of washing, rinsing and drying.
- Dressing** Needs help to put on, take off, secure and unfasten garments (upper and lower) and any braces, artificial limbs or other surgical appliances.
- Feeding** Needs help to feed oneself after food has been prepared and made available.
- Toileting** Needs help to use the toilet and manage bowel and bladder hygiene. Consists of (i) maintenance of balance during the act of urination or defecation and clothing adjustment, and (ii) maintaining perineal hygiene such as using toilet paper to clean the perineum. Independent of actual bowel or bowel functions e.g. incontinence. Does not include changing of long-term indwelling catheter under toileting.
- Transferring** Needs help to transfer from bed to an upright chair or wheelchair, and vice versa. Includes sit-up from a lying position, a sit to standing position, a weight or pivot shift and a controlled descent to a sitting position in another location.
- Mobility** Needs help to walk indoors or move in a wheelchair from room to room on level surface for about 8 meters (about twice the length of a clinic). This is regardless of the use of walking aid and the speed of walking.