

**Annex A**

**CONSULTANT APPLICATION FORM FOR COMPANY/FIRMS:**

| 1. **RELEVANT EXPERIENCE IN THE PAST TWO YEARS, PREFERABLY NGO’S IN SOUTH SUDAN – (MOST RECENT FIRST)** | | | | |
| --- | --- | --- | --- | --- |
| S. No. | Dates (From/To) Day/Month/Year | Organization name and address | Type of consultancy | Consultancy fee per day/per assignment including taxes |
| 1 |  |  |  |  |
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| **(II) MEMBERSHIP OF PROFESSIONAL BODIES** | | | | | | | | | | | |
| Are you registered with a professional body? | | | | | | | YES | |  | NO |  |
| Registration 1: (if applicable) | | | | Registration 2: (if applicable) | | | | | | | |
| Registration type: | Full | |  | Registration type: | | Full | | | | |  |
|  | Provisional | |  |  | | Provisional | | | | |  |
| Limited | |  | Limited | | | | |  |
| Name of body: |  | | | Name of body: | |  | | | | | |
| Registration/ Reference Number: |  | | | Registration/ Reference Number:: | |  | | | | | |
| Date of expiry: |  | | | Date of expiry: | |  | | | | | |
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| **(III) EDUCATION & PROFESSIONAL QUALIFICATIONS OF THE PROPOSAL STAFF** | | | | | | | | | | | |
| Include in this section all relevant qualifications and attach the updated CV. | | | | | | | | | | | |
| Subject/Qualification | | Place of Study | | | Grade/Result | | | Duration  (Years/months) | | | |
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MENTION YOUR **“(A) AREA OF EXPERTISE**” AND “(**B) THE TYPE OF CONSULTANY**” YOU ARE INTERESTED (IN DETAIL). PLEASE ALSO INDICATE THE **“LOT NO”**.

**Annex B**

**CONSULTANT APPLICATION FORM FOR AN INDIVIDUAL CONSULTANT**

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| **(I) RELEVANT EXPERIENCE IN THE PAST THREE YEARS, PREFERABLY NGO’S IN SOUTH SUDAN– (MOST RECENT FIRST)** | | | | | |
| S.No. | Dates (From/To) Day/Month/Year | Client’s name and address (location) | Type of consultancy | Consultancy fee per day/per assignment including taxes |
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| **(II) MEMBERSHIP OF PROFESSIONAL BODIES** | | | | | | | | | | | |
| Are you registered with a professional body? | | | | | | | YES | |  | NO |  |
| Registration 1: (if applicable) | | | | Registration 2: (if applicable) | | | | | | | |
| Registration type: | Full | |  | Registration type: | | Full | | | | |  |
|  | Provisional | |  |  | | Provisional | | | | |  |
| Limited | |  | Limited | | | | |  |
| Name of body: |  | | | Name of body: | |  | | | | | |
| Registration/ Reference Number: |  | | | Registration/ Reference Number:: | |  | | | | | |
| Date of expiry: |  | | | Date of expiry: | |  | | | | | |
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| **(III) EDUCATION & PROFESSIONAL QUALIFICATIONS (HIGHEST FIRST)** | | | | | | | | | | | |
| Include in this section all relevant qualifications. | | | | | | | | | | | |
| Subject/Qualification | | Place of Study | | | Grade/Result | | | Duration  (Years/months) | | | |
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| **(IV) TRAINING COURSES ATTENDED** | | | |
| Include in this section any relevant training courses that you have attended, or details of courses that you are currently undertaking. | | | |
| Course title | Training provider | Completion date | Duration  (Years/months) |
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| **DECLARATION** | | | | | | | |
| I confirm that the information I have provided in this application form is correct and complete. | | | | | | | |
| Full name: |  | | | | | | |
| Signed: |  | | Date: | |  | | |

MENTION YOUR **“(A) AREA OF EXPERTISE**” AND “(**B) THE TYPE OF CONSULTANY**” YOU ARE INTERESTED (IN DETAIL). PLEASE ALSO INDICATE THE **“LOT NO”**.