

**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)**
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| S. No. | Dates (From/To) Day/Month/Year | Organization name and address | Type of consultancy | Consultancy fee per day/per assignment including taxes |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |

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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 |
| 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: |  |
|  |
| **(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”**.