Form D: Experience of Key Personnel

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Proponent/Partner/Subconsultant:** | | | |  | | |  |
| Key personnel name |  | | | | | | |
| Current employer |  | | | | | | |
| Current role |  | | | | Current location |  | |
| Availability |  | | | | Residency/Citizenship status |  | |
| Period of commitment |  | | | | Commitment (Full or Part Time) |  | |
| **Proposed Role and Responsibilities:** | | | | | | | |
| Proposed role | |  | | | | | |
| Proposed base location (City, Country) | |  | | | | | |
| Proposed responsibilities | |  | | | | | |
| **Capabilities, Skills and other information:** | | | | | | | |
| Core capabilities and/or Technical skills | | | *Indicate how skills, experience and capabilities match the scope of services* | | | | |
| Education background and degrees | | |  | | | | |
| Professional recognition and titles | | |  | | | | |
| Years of experience in similar role as proposed | | |  | | | | |
| Years of experience with current employer | | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project #1 | | | | |
| Role on the project |  | | | |
| Project name and owner |  | | | |
| Project description |  | | | |
| Responsibilities & achievements |  | | | |
| Reference | **Name** | **Title/Function** | **Email** | **Phone Number** |
| #1 |  |  |  |  |
| #2 |  |  |  |  |

Repeat the above for each reference project on additional sheets

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proponent/Partner/Subconsultant:** | |  | | | |  |
| Project # 2 | | | | | | |
| Role |  | | | | | |
| Project name and owner |  | | | | | |
| Project description |  | | | | | |
| Responsibilities & achievements |  | | | | | |
| Reference | **Name** | | **Title/Function** | **Email** | **Phone Number** | |
| #1 |  | |  |  |  | |
| #2 |  | |  |  |  | |

|  |  |  |
| --- | --- | --- |
| I certify that I am available on a full/part time basis for the duration required of the proposed role. | Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**Insert Name**] is available on the above identified basis. | Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |