SECTION 3: STANDARD FORMS

# ATTACHMENT #1: CONSULTANT’S EXPERIENCE FORM (OPTIONAL)

[*Using the format below, provide information on each assignment for which you or the firm, and each associate for this assignment, was legally contracted either individually as a corporate entity or as one of the major companies within an association, for carrying out consulting services similar to the ones requested under this assignment.*]

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| --- | --- |
| Assignment name: | Approx. value of the contract (in current US$ or Euro): |
| Country:Location within country: | Duration of assignment (months): |
| Name of Procuring Entity: | Total No of staff-months of the assignment: |
| Address: | Approx. value of the services provided by your firm under the contract (in current US$ or Euro): |
| Start date (month/year):Completion date (month/year): | No of professional staff-months provided by associated Consultants: |
| Name of associated Consultants, if any: | Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader): |
| Narrative description of Project: |
| Description of actual services provided by your staff within the assignment: |

Individual’s Name:

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