

TECHNICAL STAFF (The page should be completed for each technical staff being used to support this application)

Technical Staff

Individuals with expert training and experience, who will provide support with respect to categories that require key technical staff and at the time of application, have a formal working relationship with the Applicant in a capacity such as Consultants, Full-time or Part-time staff.

General Instructions:

- i. Provide all applicable information as this may better demonstrate capacity to perform in the category.
- ii. Attach **detailed and updated resume** to the Application Form for **EACH** Technical Staff member submitted.
- iii. Attach Academic Qualification(s) and / or Professional Association Certificate(s) / Licence(s).

Name of Individual: _____ **No. Years with Applicant:** _____

Number of years practicing in profession: _____

Complete the tables below regarding experience in EACH category of service for which registration is being applied for.

Academic Qualification

Accrediting Institution	Academic/Professional Qualification (Cert./Dip./Bsc., Ma., Msc.)	Major Discipline	Year Qualified

Experience

Category Applied for (List name of category)	No. of Years Experience in this Category of Work	Position Held

I _____ hereby solemnly declare that I am currently employed to

(Name of Staff member)

_____. My current employment status with the referenced applicant as at _____ is in a
(Name of Supplier of Applicant seeking registration with PPC) Current date (DD/MM/YYYY)

(Please tick) Full Time Part Time Contractual Other _____ (please specify) capacity for registration with the Public Procurement Commission (PPC).

I _____ hereby solemnly declare that all representation / information made in my attached updated resume
(Name of Staff member)

best describes myself, qualifications and experience to the best of my knowledge. I have provided said PPC Applicant with my particulars which include(s):

(Please tick) Update Resume Academic Qualification(s) Certificate(s) Licence(s)

Signature _____
(Staff member's Signature)

Signature _____
(Director's / Authorized representative's Signature)

Date _____
(DD / MM / YYYY)

Date _____
(DD / MM / YYYY)