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| CONSULTANT BIOGRAPHICAL DATA SHEET | | |
| **1. Name of lead consultant** *(Last, First, Middle****)* and/or consultancy firm** | **2. Contractor's Name** | |
| Name *(Last, First, Middle)*:  AND/OR  Consultancy firm: | Amref Health Africa | |
| **3. Consultant’s Address** *(include ZIP Code)* | **4. Consultant’s email address** | |
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| **5. Consultancy Category Number(s) applied for** | **6. Proposed daily consultancy rate (US$)** |
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| **7. Telephone and cell phone numbers** *(include area code)* | **8. Place of Birth** | 1. **Citizenship (s)** |
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| 1. **EDUCATION**   (include all college or university degrees) | | | | 1. **LANGUAGE PROFICIENCY**   (see instructions on reverse) | | | |
| **NAME AND LOCATION OF INSTITUTION** | **MAJOR** | **DEGREE** | **YEAR** | | **LANGUAGE** | **Proficiency Speaking** | **Proficiency**  **Reading** | |
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| **12. EMPLOYMENT HISTORY Give last three (3) years. List salaries separate for each year. Continue on separate page if necessary.** | | | | |
| **POSITION TITLE** | EMPLOYER’S NAME AND ADDRESS **POINT OF CONTACT & TELEPHONE #** | **Employment Period:**  (most recent first) | | **Annual Salary in US$:** |
| **From** | **To** |
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| **13. SPECIFIC RELEVANT CONSULTANCY SERVICES** (give last three (3) years) | | | | | |
| **SERVICES PERFORMED** | COMPANY’S NAME AND ADDRESSPOINT OF CONTACT & TELEPHONE # | **Dates of Service** *(MM/YY)* | | **Daily**  **Rate** | **Days at Rate** |
| **From** | **To** | *(dollars)* |
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| **14. CERTIFICATION:** | |
| **Consultant certifies in submitting this form that consultant has taken reasonable steps to ensure the accuracy of the information contained in this form. Consultant understands that Amref Health Africa will make necessary contacts to verify the information. Consultant understands that Amref Health Africa may rely on the accuracy of such information in negotiating rates and/or salary with the consultant. Applicant understands that making of certifications that are false, fictitious, or fraudulent may result in immediate termination of any relationship with Amref Health Africa** | |
| **Signature:** | **Date (DD/MM/YY)** |

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| ***INSTRUCTIONS***  **Consultant to complete the form, sign and date.**  **Indicate your language proficiency in block 11 using the following numeric Interagency Language Roundtable levels (Foreign Service Institute levels). Also, the following provides brief descriptions of proficiency levels 2, 3, 4, and 5. "S" indicates speaking ability and "R" indicates reading ability.**  **2 Limited working proficiency**  **S Able to satisfy routine social demands and limited work requirements.**  **R Sufficient comprehension to read simple, authentic written material in a form equivalent to usual printing or typescript on familiar subjects.**  **3 General professional proficiency**  **S Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations.**  **R Able to read within a normal range of speed and with almost complete comprehension.**  **4 Advanced professional proficiency**  **S Able to use the language fluently and accurately on all levels.**  **R Nearly native ability to read and understand extremely difficult or abstract prose, colloquialisms and slang.**  **5 Functional native proficiency**  **S Speaking proficiency is functionally equivalent to that of a highly articulate well-educated native speaker.**  **R Reading proficiency is functionally equivalent to that of the well-educated native reader.** |
| **PAPERWORK REDUCTION ACT INFORMATION**  **The information requested by this form is necessary for prudent management and administration of public funds. The educational information provides an indication of qualifications; the salary information is used as a means of cost monitoring and to help determine reasonableness of proposed salary/rate.** |
| **PAPERWORK REDUCTION ACT NOTICE**  **Public reporting burden for this collection of information is estimated to average thirty minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:**  **AMREF HEALTH AFRICA IN KENYA**  **Monitoring, Evaluation and Research Unit**  **P.O Box 30125-00100**  **Nairobi Kenya** |