***ANNEX IV***

**TECHNICAL PROPOSAL SUBMISSION FORM**

***“Request for Proposal (RFP)” –* SPC/RFP 19-055**

**Part A – Organisation background**

|  |  |
| --- | --- |
| **Registered name of the Organisation:** |  |
| **Place of registration & registration N°:** |  |
| **Year established:** |  |
| **Full Physical Address:** |  |
| **Postal Address:** |  |
| **Telephone contact:** |  |
| **Fax number:** |  |
| **Email address:** |  |
| **Website:** |  |
| **Contact person:** |  |
| **Number of employees:** |  |
| **Proprietor’s/shareholder’s details:** |  |

**Reference 1**

|  |  |
| --- | --- |
| **Name and address of International Organisation or similar major client:** |  |
| **Name of reference person and contact details:** | **Name:****Job title:****Email:****Telephone:** |
| **Description of actual services provided by your company. Please provide details, expanding as necessary:** |  |

**Reference 2**

|  |  |
| --- | --- |
| **Name and address of International Organisation or similar major client:** |  |
| **Name of reference person and contact details:** | **Name:****Job title:****Email:****Telephone:** |
| **Description of actual services provided by your company. Please provide details, expanding as necessary:** |  |

**Reference 3**

|  |  |
| --- | --- |
| **Name and address of International Organisation or similar major client:** |  |
| **Name of reference person and contact details:** | **Name:****Job title:****Email:****Telephone:** |
| **Description of actual services provided by your company. Please provide details, expanding as necessary:** |  |

**Part B: Work areas you are bidding for:**

|  |  |  |
| --- | --- | --- |
| **Work area sought** | **YES / NO** | **Years of experience in this work area** |
| **Activity Set 1 - EPI 826-01:** Introduction to Epidemiology and Field Epidemiology |  |  |
| **Activity Set 2 - EPI 826-02:** Introduction to Health Information System |  |  |
| **Activity Set 3 - EPI 826-03:** Investigation and management of disease outbreaks |  |  |
| **Activity Set 4 - EPI 826-04:** Analysis of a health information system database |  |  |

**Part C: Responses to competency requirements**

**Personal Capacity**

|  |  |
| --- | --- |
| **Competency requirements** | **Response** |
| **Corporate history, culture, structure and business expertise:*** At least 3 years’ demonstrated experience in conducting training and capacity building in Public Health Epidemiology and Surveillance
* Registered and recognised vendor
* At least 3 customers references
 |  |
| **Demonstrated capabilities in the area(s) the bidder applies for:*** Excellent oral, interpersonal communication and presentation skills
* At least 3 years demonstrated experience working in the Pacific
* Exposure to the DDM-PGCFE course (or a similar course)
 |  |

**Previous Experience**

Details of work experience in the Pacific. *(Attach additional sheets if necessary)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of****Employer** | **Position Title** | **Contract****Start Date** | **Contract****End Date** | **Contact****Details of****Employer** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Details of exposure to the DDM-PGCFE course (or similar course). *(Attach additional sheets if necessary)*

|  |  |  |
| --- | --- | --- |
| **Type of Exposure***(i.e. Teacher / Student)* | **Duration***(start date to end date)* | **Context***(Brief description)* |
|  |  |  |
|  |  |  |
|  |  |  |

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Seal/Stamp (if any)