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| **ANNEX VI****TECHNICAL PROPOSAL SUBMISSION FORM***Request for Proposal (RFP) no: RFP21-001* |

* + 1. **Background**
	1. Contact

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| **Registered name of the Organisation:****(Please provide registration document)** |  |
| **Year established:** |  |
| **Full Physical Address:** |  |
| **Postal Address:** |  |
| **Telephone contact:** |  |
| **Email address:** |  |
| **Contact person:** |  |
| **Number of employees:** |  |
| **Proprietor’s/shareholder’s details:** |  |

* 1. Legal Registration

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| **Place of registration &****registration No.** | **Date of Incorporation** | **Directors’ names** |
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**Please provide evidence of certification of compliance with legal obligations (insurance, work safety, accounting monitoring) when applicable.**

* + 1. **Previous experience**

**Reference 1:**

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| --- | --- |
| **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:** |  |

* + 1. **Partners and personnel**

List the consortium partners as well as qualifications and experience of key personnel proposed for administration and execution of the consultancy. (**Curriculum vitae for personnel proposed for this consultancy should be submitted with the Proposal**).

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| **Organisation** | **Position** | **Name** | **Qualifications** | **Years of****experience in****current position** |
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| **Number of personnel processing requests** |
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| **Please provide examples of indicators of service level currently used with comparable main customers** |
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* + 1. **Medical network and medical competencies**

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| **Do you have specific partnerships with medical practitioners or medical institutions internationally? if yes, which ones? Please detail your network in the Pacific Region.** |
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| **Are there doctors available on your platforms? Roles, organization?** |
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| **Are there available doctors specialized in professional diving activities?** |
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* + 1. **Online and Information services**

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| **What are your current IT systems and infrastructures?** |
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| **What are the guarantees you can provide regarding the proper management of data collection and the respect for confidentiality?** |
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| **Do you have high-performing IT systems that can generate reports on the services provided and the resulting analysis?** |
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* + 1. **Certification**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Seal/Stamp (if any)

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