

**UNDP Health PSM Roster Application Form**

**Health Procurement and Supply Chain Management (PSM) roster of expert and senior expert consultants — UNDP Global Fund Partnership and Health Implementation Support**

Date

To: United Nations Development Programme (UNDP)

Dear Sir/ Madam:

I hereby declare that:

1. I have filled in this form with valid information and attached to it the filled in P11 form (CV).
2. I have also read, understood and hereby accept UNDP’s General Conditions of Contract for the Services of the Individual Contractors: <http://www.undp.org/content/dam/undp/documents/procurement/documents/IC%20-%20General%20Conditions.pdf>
3. I hereby confirm my interest in applying to become a consultant listed in the PSM roster under the following categories[[1]](#footnote-1):

|  |  |  |
| --- | --- | --- |
|  | **PSM Roster Category Description** | **Check if relevant**  |
| 1 | PSM quantification, forecasting, budgeting and planning experts for health products; |  |
| 2 | Quality Assurance experts: |
| 2.A | QA in (Model Quality Assurance System for procurement agencies - MQAS, Good Manufacturing Practices - GMP, Quality Control - QC); |  |
| 2.B | QA of Health Products; (Pharmaceuticals / Medical Devices) |  |
| 3 | Health Supply Chain management systems experts |  |
| 4 | Health products related procurement process such as Medical devices, diagnostics, X-ray, scanning, radiological equipment and supplies (consumables and medical equipment)experts;Logistics Management Information System (LMIS) experts |  |
| 5 | **Logistics** Management Information Systems (LMIS)/ traceability systems experts |  |
| 6 | Health Products regulatory experts/ Support to National Regulatory Systems experts |  |
| 7 | Medical Laboratory (Rapid Diagnostic Tests, reagents, laboratory equipment) experts |  |
| 8 | Health infrastructure engineers *(warehouse and health facilities construction or renovation)* |  |
| 9 | PSM capacity development and training experts  |  |
| 10 | Distribution systems /Good distribution and storage practices experts |  |
| 11 | Sustainable health supply chain experts |  |
| 12 | Waste Management experts |  |
| 13  | Market Research for Health Products experts |  |
| 14 | Health Procurement experts |  |

1. I confirm that I have submitted an Application letter in my application. Below is a summary of relevant experience in each of the categories checked above:

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| **PSM Cat Nr.** | **PSM Roster Category Description** | **Years of Experience** | **Summary of relevant experience in each category[[2]](#footnote-2)** |
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1. The following references can be contacted by UNDP to confirm my statements regarding relevant experience and expertise:

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| **PSM Roster Category Description** | **Reference[[3]](#footnote-3) (including name, position, email and phone number)** |
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1. Please list number of years of experience and or months in total with the following entities (as/if applicable):

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| --- | --- | --- | --- |
| **Description** | **Name of Entity/Agency/Institutions** | **Total Number of Years/ Months** |  **Countries** |
| United Nations |  |  |  |
| Other international agencies |  |  |  |
| Globul Fund | Globul Fund |  |  |
| national and/or sub-national health authorities and institutions |  |  |  |

1. The proposed daily fee for provision of my services is U$ \_\_\_\_\_\_\_ [[4]](#footnote-4)
2. I confirm that I have no first degree relative (mother, father, son, daughter, spouse/partner, brother or sister) currently employed with any UN agency or office *[disclose the name of the relative, the UN office employing the relative, and the relationship if, any such relationship exists];*
3. If I am selected for any consultancy assignments, I shall *[pls. check the appropriate box]:*

[ ]  Sign an Individual Contract with UNDP;

[ ]  Request my employer *[state name of company/organization/institution]* to sign with UNDP a Reimbursable Loan Agreement (RLA), for and on my behalf. The contact person and details of my employer for this purpose are as follows:

1. I hereby confirm that *[check all that applies]*:

[ ]  At the time of this submission, I have no active Individual Contract or any form of engagement with any Business Unit of UNDP;

[ ]  I am currently engaged with UNDP and/or other entities for the following work:

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| --- | --- | --- | --- | --- |
| **Assignment** | **Contract Type** | **UNDP Business Unit / Name of Institution/Company** | **Contract Duration** | **Contract Amount** |
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[ ]  I am also anticipating conclusion of the following work from UNDP and/or other entities for which I have submitted a proposal:

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| --- | --- | --- | --- | --- |
| **Assignment** | **Contract Type**  | **Name of Institution/ Company** | **Contract Duration** | **Contract Amount** |
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1. I fully understand and recognize that UNDP is not bound to accept this proposal, and I also understand and accept that I shall bear all costs associated with its preparation and submission and that UNDP will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the selection process.
2. ***If you are a former staff member of the United Nations recently separated, pls. add this section to your letter:*** I hereby confirm that I have complied with the minimum break in service required before I can be eligible for an Individual Contract.
3. I also fully understand that, if I am engaged as an Individual Contractor, I have no expectations nor entitlements whatsoever to be re-instated or re-employed as a staff member.

Full Name and Signature: Date Signed:

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| INSTRUCTIONSPlease answer each section clearly and completely. Read carefully and follow all instructions. | UNITED NATIONS DEVELOPMENT PROGRAMMEPERSONAL HISTORY FORM***(for Service Contracts and Individual Contracts)*****Health PSM Expert Roster** |  |
| 1. Family Name  | First Name | Middle name | Maiden name, if any |
| 2. Date of Birth | Da | Mo | Yr | 3. Place of Birth  | 4. Nationality (ies) at birth  | 5. Present nationality (ies)  | 6. Sexe  |
| 7. Marital status  Single Married Separated Widow Divorced  |
| 8. Permanent address  Telephone No.  Fax No.  | 9. Present Address (if different)  Telephone No.  Fax No.  | 10. Office Telephone No.  Office Fax No.  Office E-mail No.  |
| 11. Do you have a spouse and/or children? YES NO if the answer is "yes", give the following information: |
| NAME | Date of birth | Relationship | NAME | Date of birth | Relationship |
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| 12a. Years of experience with national/subnational health organizations: | 12b. Years of experience with international agencies: | 12c. Years of experience with the United Nations: | 13a. Years of experience with the Global Fund: | 13b. Years of experience with UNDP: | 13c. Years of experience working in developing countries:  |
| 14. Have you taken up any legal permanent status in any country other than that of your nationality? YES NO  If the answer is "yes", which country?  |
| 15. Have you taken any legal steps towards changing your present nationality? YES NO  If answer is "yes", explain fully:  |
| 16. Are any of your relatives employed by UNDP, any other UN organization or any other public international organization? YES NO  If the answer is "yes", give the following information: |
| NAME | Relationship | Name of International Organization |
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| 17. What is your preferred field of work?  |
| 18. KNOWLEDGE OF LANGUAGES. What is your mother tongue?  |
|  | READ | WRITE | SPEAK | UNDERSTAND |
| OTHER LANGUAGES | Easily | Not Easily | Easily | Not Easily | Fluently | Not Fluently | Easily | Not Easily |
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| 19. For clerical grades only *Indicate speed in words per minute* | List any office machines or equipment you can use |
|  | English | French | Other languages |  |
|  |  |  |  |  |  |
| Typing |  |  |  |  |  |
| Shorthand |  |  |  |  |  |

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| 20. EDUCATIONAL. Give full details - N.B. Please give exact titles or degree in original language.A. UNIVERSITY OR EQUIVALENT Please do not translate or equate to other degrees. |
| NAME, PLACE AND COUNTRY | ATTENDED FROM/TO | DEGREES and ACADEMIC | MAIN COURSE |
|  | Mo./Year | Mo./Year | DISTINCTIONS OBTAINED | OF STUDY |
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| B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship) |
| NAME, PLACE AND COUNTRY | TYPE | ATTENDED FROM/TO | CERTIFICATES OR |
|  |  | Mo./Year | Mo./Year | DIPLOMAS OBTAINED |
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| 21. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS |
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| 22. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (Do not attach) |
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| 23. EMPLOYMENT RECORD: Starting with your present function, list in reverse order every employment you have had. Use a separate block for each FUNCTION. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size. Give both gross and net salaries per annum for your last and present FUNCTION.A. PRESENT FUNCTION (LAST FUNCTION, IF NOT PRESENTLY IN EMPLOYMENT) |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
| *Please elaborate in full detail.* |

B. PREVIOUS FUNCTION *(IN REVERSE ORDER)* PAGE 3

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| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
| *Please elaborate in full detail.* |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
| *Please elaborate in full detail.* |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
| *Please elaborate in full detail.* |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
| *Please elaborate in full detail.* |

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| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
| *Please elaborate in full detail.* |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
| *Please elaborate in full detail.* |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
| *Please elaborate in full detail.* |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
| *Please elaborate in full detail.* |

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| 24. DO YOU HAVE ANY OBJECTIONS TO OUR MAKING ENQUIRIES OF YOUR PRESENT EMPLOYER? YES NO  |
| 25. ARE YOU NOW, OR HAVE YOU EVER BEEN A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT’S EMPLOY? YES NO  If answer if "yes", WHEN?   |
| 26. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. *Do not repeat names of supervisors listed in item 24.* |
| FULL NAME | FULL ADDRESS | BUSINESS OR OCCUPATION |
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| 27. STATE ANY OTHER RELEVANT FACTS IN SUPPORT OF YOUR APPLICATION. INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY. |
| 28. HAVE YOU BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES NO  If "yes", give full particulars of each case in an attached statement.  |
| 29. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization may result in the termination of the service contract or special services agreement without notice.  DATE: SIGNATURE:  |
| NB. You will be requested to supply documentary evidence which support the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of UNDP. |

1. Each applicant shall check the category/ies for which they wish to apply. [↑](#footnote-ref-1)
2. Applicants are requested to complete one section in the provided table for each of the PSM roster categories that they have checked in the table included under section c). [↑](#footnote-ref-2)
3. Three references are required for each category checked in the application. For each reference details encompassing name, position, email and phone number shall be provided. [↑](#footnote-ref-3)
4. Each applicant shall quote a daily fee that will be used to determine maximum applicable daily fee. The daily fee quoted by each applicant shall be exclusive of any travel cost and/or subsistence allowance. This will be quoted on an ad-hoc basis against transmission of the corresponding ToRs. [↑](#footnote-ref-4)