PANEL FOR PROFESSIONAL SERVICES PROVIDERS TO RENDER MULTI-DISCIPLINARY SERVICES FOR LEPELLE NORTHERN WATER COVERING: CIVIL, STRUCTURAL, MECHANICAL, ELECTRICAL, ELECTRONIC AND INSTRUMENTATION ENGINEERING & ENGINEERING MANAGEMENT SERVICES ON AN AS-AND-WHEN REQUIRED BASIS FOR A PERIOD OF 5 YEARS.

ANNEXURE "B" – CV Template – Project Manager

Table of Contents

1. Personal information – Project Manager

Personal Information:	Surname	
	First names	
	Identity / Passport Number	
	Country Issued	
	Date of birth	
Contact Details:	Telephone number (land line)	
	Cell Number	
	Email Address	

2. Candidate background checks

Are you a South African citizen?	Yes	No
If no, what is your nationality?		
Do you have a valid work permit? (only if non-South African)	Yes	No
Are you currently in the employ of the state	Yes	No
If yes, please provide details		
Have you ever been charged and convicted with a criminal offence?	Yes	No
If yes, please provide details of offence and the sentence imposed:		
Do you have any pending criminal case against you?	Yes	No
If yes, please provide details		
Have you ever been dismissed for misconduct?	Yes	No
If yes, please provide details		
Do you have any pending disciplinary case against you?	Yes	No
If yes, please provide details		
Have you resigned from a recent job pending any disciplinary proceeding against you?	Yes	No
If yes, please provide details		

3. Candidate's Employment/Professional History

(Add additional entries if required. *Please start with the most recent employment and include the start date (MM/YY) and end date (MM/YY) related to each employment under the first column*.)

Date				**Position Held**	
				Description of your duties; highlighting experience relevant to the services required in this bid	
Start		End			
M	Y	M	Y	Employer's Name	
				Employer's locality and contact details	
Date				**Position Held**	
				Description of your duties; highlighting experience relevant to the services required in this bid	
Start		End			
M	Y	M	Y	Employer's Name	
				Employer's locality and contact details	
Date				**Position Held**	
				Description of your duties; highlighting experience relevant to the services required in this bid	
Start		End			
M	Y	M	Y	Employer's Name	
				Employer's locality and contact details	

Bidders must note that for evaluation purposes experience not relevant to services required in this bid will not be considered or counted in the overall number of years' experience.

4. Record of Candidate's Experience in Area of Expertise Required

<table>
<tr><td>Specific experience in Area of Expertise required</td><td>Insert area of expertise (i.e. drafting of legislation - Bills, Acts or Regulations; work which displays an understanding of the Schedule 3A public entity environment, social insurance environment, and the PFMA)</td><td><In 600 words or less, please highlight the demonstrated knowledge and experience you have in the role selected as per the Functionality Evaluation Criteria Table in the TOR</td></tr>
<tr><td></td><td>Years' experience
[insert area of expertise]</td><td><Please clearly state the following information:
<table><tr><td>Position held</td><td>Employer/ Organisation</td><td>Start date (MM/YY)</td><td>End date (MM/YY)</td><td>Total period (e.g. 3Y_6M)</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr>
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5. Tertiary Qualifications

(Add entries if needed. Start from the most recent)

Qualification Awarded	
Name of Institution	
Date	
Qualification Awarded	
Name of Institution	
Date	
Qualification Awarded	
Name of Institution	
Date	
Qualification Awarded	
Name of Institution	
Date	

- Copies of all qualifications must be attached.
- International qualifications must be accompanied by SAQA accreditation. Certificate of membership shall not be deemed as proof of educational qualification.

6. Membership of Professional Bodies

Professional body name	
Membership no	
Professional body name	
Membership no	
Professional body name	
Membership no	

7. References

(provide at last three references from the past 5 years)

1	Name	
	Organisation	
	Position	
	Dates	
	Contact telephone / Cell number	
2	Name	
	Organisation	
	Position	
	Dates	
	Contact telephone / Cell number	
3	Name	
	Organisation	
	Position	
	Dates	
	Contact telephone / Cell number	

8. List projects/assignments relevant to this bid that the proposed expert key personnel was involved in:

NAME OF CLIENT	*CLIENT CONTACT PERSON & HER/HIS TELEPHONE OR CELLPHONE NUMBER*	*NAME OF PROJECT*	*ROLE & CONTRIBUTION OF KEY PERSONNEL TO THE PROJECT / ASSIGNMENT*	*PERIOD OF PROJECT EXECUTION*

I hereby confirm that the above information is true and accurate and that my CV has not been submitted by another service provider for the same bid.

Name:

Signature:

Date: