

**TERMS OF REFERENCE (TOR) FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS**

**UNICEF FIELD OFFICE FOR RAJASTHAN**

|  |  |  |
| --- | --- | --- |
| **Project/Program Title and RWP Code number:**  **Community Child Health Consultant - Jaipur** | |  |
| 1. Background:   Rajasthan has seen a significant improvement in the under 5 mortality during the last decade; however still there are districts where the post neonatal Child Mortality contributes to more than 50% and still deaths due to diarrhoea and pneumonia contributes to around one third. In Rajasthan, one third of child death, out of total under 5 year death caused by these two killers. Banswara has the highest U5MR in the state followed by Jalore district. Over the course of last 3 years UNICEF in partnership with department of Medical and Health & SIHFW facilitated various interventions and strategies across the state, specifically in 4 HPDs for improving the coverage and quality of community interventions for common childhood illnesses with focus on diarrhoea, pneumonia and ARI prevention & treatment.  Integrated action plan for prevention of pneumonia & diarrhoea proposes a cohesive approach to ending preventable pneumonia and diarrhoea deaths. It brings together critical services and interventions to create healthy environments, promotes practices known to protect children from disease and ensures that every child has access to proven and appropriate preventive and treatment measures. With the objective to support Integrated Action Plan agains Penumonia and Diarrhea (IAPPD) implementation in Rajasthan, UNICEF provided technical support in 10 RMNCH+A (HPDs) districts for IAPPD gap analysis and plan preparation in the month of June July 2015.UNICEF provide technical support in terms of preparation of guidelines, Supply chain management for ORS/Zinc, issues necessary letters to districts, prepare action plan (Districts & state), State level meeting and VC, launching of program at state, state wide monitoring and submission of report and compilation and preparation of reports from districts.ORS distribution coverage increased by 20% over last 1 year with 81.76% in under 5 children receiving ORS during the IDCF fortnight in the districts in year 2016.  As a result of which early gains were made in 4 High Priority District ( HPD)such as Increased availability of supplies and commodities with frontline functionaries – e.g. Zinc tablets, thermometers with ASHAs from < 20 % to > 90 % in 4 HPDs, based on UNICEF’s effort in addressing the priority supply chain bottlenecks. There was an observed improvement in the knowledge and supportive supervision skills of 350 line supervisors (98%) in 4 HPDs with 60 % supervisor’s regularly providing community supportive supervision. Regular Tracking of service delivery gaps and bottlenecks and strategies for re dressal of these bottlenecks being implemented with the support of UNICEF in 4 HPDs of which community mentoring, capacity building, real time tracking (in stabilization phase) and use of technology is being demonstrated. This year during Intensified Diarrheal control fortnight messages for diarrhoea prevention were delivered to the families of more than 1 million children in Rajasthan  To accelerate the activities and sustain focus on diarrhoea and pneumonia activities especially removal of the critical bottlenecks and follow up of the same, a state level consultant position is being supported by UNICEF. Development and strengething of a framework for monitoring of diarrhoea and pneumonia actions is also an important aspect of the technical support to the government which the state consultant would support. The early gains made in the IAPPD with renewed focus needs to be sustained in the state along with quality of service delivery, technical protocols implementation, knowledge and skills updated and coordination with various stakeholder for convergent action. 10 HPDs have been identified by GOI for implementation of IAPPD activities at intensive level, along with overall service delivery assurance across the state. | | |
| 1. **Purpose of Assignment:** To support the government of Rajasthan in monitoring, capacity building, supervision, technical support, data analysis and delivery of high impact evidence based community and home based for child survival interventions specially diarrhea, pneumonia and ARI with emphasis on hard to reach and left out areas | | |
| 1. **Basic objectives of the Assignment:**  * To facilitate and strengthen mechanism for delivery of high impact evidence based community and home based for child survival interventions specially diarrhea, pneumonia and ARI through facilitation of community onsite mentoring through line supervisors specially for hard to reach and left out areas * To facilitate and strengthen supportive supervision mechanism for community and household level interventions with focus on skills and practices of frontline functionaries for prompt identification, management and necessary referral of sick children for common childhood illnesses specially diarrhea, pneumonia and ARI. * Track critical Home Based, Outreach and facility based services bottlenecks which still remain to be addressed along the continuum of care with special emphasis on cracks along the continuum of care during the window of -12 Weeks to + 12 months specially for common childhood illnesses specially diarrhea, pneumonia and ARI. * To contribute in strengthening the district capacity for outreach and household level real time monitoring and use of RMT data for local action at different review platforms available at the PHC, Block and District level like sector level meetings, block level meeting and district level meetings for common childhood illnesses specially diarrhea, pneumonia and ARI. * To facilitate local evidence generation for removing various bottlenecks and strategy implementation through strengething of real time monitoring and tracking systems in the districts for improving supportive supervision QA of MNH Care by use of technology ( E applications and modules ) at various level across all delivery platforms including monitoring and validation exercises. | | |
| 1. **Duty station:** **Jaipur** Rajasthan. The consultant will be required to travel approximately 5-8 days in a month especially to the high priority districts. | | |
| 1. **Duration** 10 months over the period of 1st March 2017 to 31st December 2017. | | |
| 1. **Supervisor:** Health Specialist / Health Officer | | |
| 1. Major tasks and deliverables with timeline: (provide detail and in quantitative terms) 2. *(Please ensure to keep each task and deliverables/set of deliverables in separate rows)* | | |
| **Tasks/ Result** | **End Product/ Set of deliverable (s)** | **Estimate Time frame** |
| **Task 1**   * Strengthen the capacity of supervisor in terms of knowledge and conduct supportive supervision field visit to improve quality of services at AAA level | * 20 page detailed data analysis providing comprehensive comparative progress across community mentoring on removal of bottlenecks for delivery of interventions around outreach and community level over the course of last 2 years with documentation of key learnings, challenges and success factors * Updated 4 individual MCHN session site transformation (one from each district) documents on key model mentored blocks providing journey of change over 2 years * 4 individual supervisors transformation (one from each district) documents of change and motivation factors * Capacity building of at least 50 supervisors in thematic training (two themes) along with training of frontline workers * Capacity building of supervisor in using android app for supportive supervision visit (E-Sahayog) * Facilitate Phase 1 activity of 600 model PHC supervisors capacity building in state | 3 months |
| **Task 2**   * Strengthen the delivery and real time monitoring of high impact evidence based interventions for community and home based essential newborn care and child care with tracking of survival especially in LBW and SNCU cohorts. * Facilitate IDCF program in state | * 10 page report on removal of critical bottlenecks at the level of frontline functionaries providing MNCH services as a result of community and outreach supportive supervision mentoring including status of sick children and referral from community level * 4 individual case stories (one from each district) of newborn/child survival tracking (focus on LBW, SNCU cohort) across continuum of care across outreach, community and facility highlighting key drivers of change (staff, families, local community) learnings and challenges with focus on service provider capacity as well as practice of evidence based interventions * 4 individual case stories (one from each district) demonstrating the capacity of frontline functionaries to undertake identification of danger signs and facilitate decision at family level along with tracking of child survival using E technology based platforms (E Janswasthya) in coordination with SSA E Janswasthya * Facilitate department at various level for planning, implementation, monitoring for Intensified Diarrhoea control fortnight 2017 * Capacity building of at least 50 supervisors in thematic training (one theme) along with training of frontline workers * Facilitate Phase 2 activity of 295 model PHC supervisors capacity building in state | 3 months |
| **Task 3**   * Facilitate strengthening of supply chain logistic, technical capacity and roll out of community and facility based diarrhea and pneumonia interventions in the state | * Revision of Theme-1/2 to fill the knowledge gaps of AAA * A 10 page report on key bottlenecks for strengthening of diarrhea and pneumonia management in the district including opportunities and areas of capacity building in coordination with SSA Community CH * 10 page feedback report on status of real time monitoring, use of android application by line supervisors for outreach and home services, learnings, challenges with updated analysis of the data captured through application * 10 page report on capacity building of line supervisors on improved supportive supervision skills for diarrhea and pneumonia management * 4 individual case stories (one from each district) on identification, tracking and management of childhood illness at community level with learnings, challenges and reflection of supportive supervision onsite community mentoring * Facilitate Phase 2 activity of 600 model PHC supervisors capacity building in state | * 3 months |
| 1. Qualification or specialized knowledge/experience required for the assignment :  * Master’s degree in Health management or social work or social sciences * More than 5 years working experience at the Divisional, State or district level on the areas related to MNCH * Previous experience working with UN or bilateral agency and State/ Central Government desirable * Language skills required e.g. spoken and written fluency in English and Hindi * Good analytical, negotiating, communication and advocacy skills, report writing skills, negotiating skills * Functional computer knowledge and knowledge of working on android applications essential | |  |
| 1. Conditions:  * General Conditions of Contracts for the Services of Consultants / Individual Contractors | |  |

**Financial Bid**

**Community Child Health Consultant - Jaipur**

**INDIVIDUAL CONSULTANT FOR SSA RCH, UNICEF**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Major Tasks** | **Deliverable (s)** | **UNICEF Estimate** | | **Consultant's Proposal** | |
| **Estimated deadline for completion of deliverable (please mention as days/months)** | **Estimated travel required for completion of deliverable (please mention destination/ number of days)** | **Complete timeframe for deliverable** | **Cost (INR)**  (All inclusive i.e. professional fee, travel, DSA, communication, etc.) |
| **Task 1**   * Strengthen the capacity of supervisor in terms of knowledge and conduct supportive supervision field visit to improve quality of services at AAA level | * 20 page detailed data analysis providing comprehensive comparative progress across community mentoring on removal of bottlenecks for delivery of interventions around outreach and community level over the course of last 2 years with documentation of key learnings, challenges and success factors * Updated 4 individual MCHN session site transformation (one from each district) documents on key model mentored blocks providing journey of change over 2 years * 4 individual supervisors transformation (one from each district) documents of change and motivation factors * Capacity building of at least 50 supervisors in thematic training (two themes) along with training of frontline workers * Capacity building of supervisor in using android app for supportive supervision visit (E-Sahayog) * Facilitate Phase 1 activity of 600 model PHC supervisors capacity building in state | 3 months | 15-24 Days |  |  |
| **Task 2**   * Strengthen the delivery and real time monitoring of high impact evidence based interventions for community and home based essential newborn care and child care with tracking of survival especially in LBW and SNCU cohorts. * Facilitate IDCF program in state | * 10 page report on removal of critical bottlenecks at the level of frontline functionaries providing MNCH services as a result of community and outreach supportive supervision mentoring including status of sick children and referral from community level * 4 individual case stories (one from each district) of newborn/child survival tracking (focus on LBW, SNCU cohort) across continuum of care across outreach, community and facility highlighting key drivers of change (staff, families, local community) learnings and challenges with focus on service provider capacity as well as practice of evidence based interventions * 4 individual case stories (one from each district) demonstrating the capacity of frontline functionaries to undertake identification of danger signs and facilitate decision at family level along with tracking of child survival using E technology based platforms (E Janswasthya) in coordination with SSA E Janswasthya * Facilitate department at various level for planning, implementation, monitoring for Intensified Diarrhoea control fortnight 2017 * Capacity building of at least 50 supervisors in thematic training (one theme) along with training of frontline workers * Facilitate Phase 2 activity of 295 model PHC supervisors capacity building in state | 4 months | 20-32 Days |  |  |
| **Task 3**   * Facilitate strengthening of supply chain logistic, technical capacity and roll out of community and facility based diarrhea and pneumonia interventions in the state | * Revision of Theme-1/2 to fill the knowledge gaps of AAA * A 10 page report on key bottlenecks for strengthening of diarrhea and pneumonia management in the district including opportunities and areas of capacity building in coordination with SSA Community CH * 10 page feedback report on status of real time monitoring, use of android application by line supervisors for outreach and home services, learnings, challenges with updated analysis of the data captured through application * 10 page report on capacity building of line supervisors on improved supportive supervision skills for diarrhea and pneumonia management * 4 individual case stories (one from each district) on identification, tracking and management of childhood illness at community level with learnings, challenges and reflection of supportive supervision onsite community mentoring * Facilitate Phase 2 activity of 600 model PHC supervisors capacity building in state | * 3 months | 15-24 Days |  |  |
|  |  |  |  |  |  |
|  | | | | | |

***Condition: The initial contract would be raised by UNICEF only for a period of 11 months. Only after satisfactory submission of deliverables and end year performance review a fresh contract may be issued for the duration of another 11 months with a mandatory one month break.***

*Shaded area to be filled in by consultant*

**Name of the Bidder:**

**Address:**

**Contact no.:**

**Email address:**

**Date:**

**TECHNICAL EVALUATION CRITERIA**

**Community Health Child, RCH**

1 | Educational Qualifications 10 Marks

2 | Relevant Experience 30 marks

3 | Expertise 20 Marks

4 Experience in Bilateral/International/UN agencies 10 Marks

5 | Interview by UNICEF JFO panel of Experts 30 Marks

* Total Score should be 100.
* Minimum overall qualifying score should be 70.

P-11

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS**  Please answer each question clearly and completely. **Type or print in ink.** Read carefully and follow all directions. | | | | | | | | | | | **UNITED**  **NATIONS**  **PERSONAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Do Not Write in This Space** | | | | | | | | | | |
| **1.** Family name | | | | | | | | | | | | | | First name | | | | | | | | | | | | | | | Middle name | | | | | | | | | | | | Maiden name, if any | | | | | | | | | | | | |
| **2.** Date  of  Birth | | Day | | Mo. | | | Yr. | | | **3.** Place of birth | | | | | | | | | | | **4.** Nationality (ies) at birth | | | | | | | | | | | | | | | | **5.** Present nationality (ies) | | | | | | | | | | | | | | | **6.** Sex | |
| **7.** Height | | | **8.** Weight | | | | **9.** Marital status:  Single | | | | | | | | | | Married | | | | | | | Separated | | | | | | | | | | | | Widow(er) | | | | | | | | | | | Divorced | | | | | |
| **10.** | Entry into United Nations service might require assignment and travel to any area of the world in which the United Nations might have responsibilities. Have you any disabilities which might limit your prospective field of work or your ability to engage in air travel? YES  NO If “yes”, please describe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11.** Permanent address | | | | | | | | | | | | | | | | | | **12.** Present address (if different) | | | | | | | | | | | | | | | | | | | | **13.** Office Telephone No. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Office Fax. No  E-mail: | | | | | | | | | | | | | | | |
| Telephone No. | | | | | |  | | | | | | | | | | | | Telephone/Fax No. | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **15.** Have you any dependents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | YES NO  If the answer is “yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | Date of Birth | | | | | | | | Relationship | | | | | | NAME | | | | | | | | | | | | | | | | | Date of Birth | | | | | | | | | | Relationship | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
| **16.** Have you taken up legal permanent residence status in any country other than that of your nationality?  If answer is “yes”, which country? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | |
| **17.** Have you taken any legal steps towards changing your present nationality?  If answer is “yes”, explain fully: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **18.** Are any of your relatives employed by a public international organization?  If answer is “yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES NO | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | Name of International Organization | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **19.** What is your preferred field of work? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20.** Would you accept employment for less | | | | | | | | | | | | | | | | | | | | | | **21.** Have you previously submitted an application for employment with U.N.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| than six months | | | | | | | YES  NO | | | | | | | | | | | | | | | if so when? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **22.** KNOWLEDGE OF LANGUAGES. What is your mother tongue? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | READ | | | | | | | | | | | WRITE | | | | | | | | | | | | | | | SPEAK | | | | | | | | | | | UNDERSTAND | | | | | | | | |
|  | | | | | | | |  | | | | | | | Not | | | |  | | | | | | | Not | | | | | | | |  | | | | | Not | | | | | |  | | | | | | Not | | |
| OTHER LANGUAGES | | | | | | | | Easily | | | | | | | Easily | | | | Easily | | | | | | | Easily | | | | | | | | Easily | | | | | Easily | | | | | | Easily | | | | | | Easily | | |
|  | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | |
|  | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | |
|  | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | |
|  | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | |
| **23.** For clerical grades only  *Indicate speed in words per minute* | | | | | | | | | | | | | | | | | | | | | | | | | | *List any office machines or equipment*  *you can use* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | |  | | | | O t h e r l a n g u a g e s | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | E n g l i s h | | | | | | | F r e n c h | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Typing | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Shorthand | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **24.** EDUCATIONAL. Give full details - N.B. Please give exact titles of degrees 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 OF STUDY | | | | | | | | | |
|  | | | | | | | | | | | | | | | | Mo./Year | | | | | Mo./Year | | | | | | DISTINCTIONS OBTAINED | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | | | | | | | | | | | | | | TYPE | | | | | | | | | | | | ATTEND FROM/TO | | | | | | | | | | | | | | CERTIFICATES OR | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Mo./Year | | | | | | | Mo./Year | | | | | | | DIPLOMAS OBTAINED | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| **25.** LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **26.** LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (do not attach) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **27.** | EMPLOYMENT RECORD: **Starting with your present post, list in reverse order every employment you have had.** Use a separate block for each post. 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 or present post.  A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH/YEAR | | | | | MONTH/YEAR | | | | | | | STARTING | | | | | | | | FINAL | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO. AND KIND OF EMPLOYEES | | | | | | | | | | | | | | | | | REASON FOR LEAVING: | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | |  | | | |  | | | | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| B. PREVIOUS POSTS *(IN REVERSE ORDER)* | | | | | | |
| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
|  |  |  |  |  | | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
|  | | | |  | | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
|  | | | |  | | |
|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING: | |
|  | | | | SUPERVISED BY YOU: |  | |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
|  |  |  |  |  | | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
|  | | | |  | | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
|  | | | |  | | |
|  | | | | NO. AND KIND OF EMPLOYEES | | REASON FOR LEAVING |
|  | | | | SUPERVISED BY YOU***:*** | |  |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
|  |  |  |  |  | | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
|  | | | |  | | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
|  | | | |  | | |
|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING | |
|  | | | | SUPERVISED BY YOU: |  | |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | |
|  |  |  |  |  | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
|  | | | |  | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
|  | | | |  | |
|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING |
|  | | | | SUPERVISED BY YOU: |  |
| DESCRIPTION OF YOUR DUTIES | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **28.** HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES  NO | | | | | | | | |
| **29.** ARE YOU NOW, OR HAVE TO EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT’S EMPLOY? YES NO | | | | | | | | |
| If answer is “yes”, WHEN? | | | | | | | | |
|  | | | | | | | | |
| **30.** REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.  ***Do not repeat names of supervisors listed under item 27.*** | | | | | | | | |
| FULL NAME | | | | FULL ADDRESS | | | | BUSINESS OR OCCUPATION |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
| **31.** STATE ANY OTHER RELEVANT FACTS, INCLUDING INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **32..** | HAVE YOUR EVER 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. | | | | | | | |
|  | | | | | | | | |
| **33**. Please specify from where you came to know about the job advertisement. | | | | | | | | |
| **34.** | 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 renders a staff member of the United Nations liable to termination or dismissal. | | | | | | | |
|  | DATE: | |  | |  | SIGNATURE : |  | |
|  | | | | | | | | |
| **N.B.** | | You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization. | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |