

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

**UNICEF FIELD OFFICE FOR RAJASTHAN**

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| Project/Program Title and RWP Code number: **SSA Divisional Routine Immunization Coordinator (DRIC) - Ajmer** |
| 1. Background:   Rajasthan is one amongst the high focus states due to its poor socio- development indicators: particularly high IMR, MMR and relatively low health coverage. The State Government is implementing various evidence based interventions for improving situation of women and children in Rajasthan. Routine Immunization of children for vaccine preventable diseases is one of the important interventions being implemented in the state since 1986. However still the coverage of Immunization is 70.3 % and there is a huge gap between quality of coverage and recording and reporting of immunization services in the State. A cluster survey following WHO EPI methodology is being conducted in 7 districts to find out more about the coverage and efficient planning. Multipronged strategy to address the issue of Left out and drop out are developed and being implemented. Critical bottlenecks in quality and quantity of Immunization services have been identified by GoR (NRHM-2014) are ‘difficulty in developing MCHN days’ micro-plan, Monitoring and supervision of immunization and cold chain, improving capacities of vaccinators, managers and lack of a strong feedback system’.  To address these bottlenecks, UNICEF in partnership with CDC Atlanta and Government of Rajasthan is implementing Capacity Building Initiative in Routine Immunization (CBI-RI) with the objective to strengthen Immunization system with special emphasis on strengthening of available platforms of sector meeting, block meeting and district level meetings through developing capacity of service providers and managers on review, supervision and technical knowhow of Immunization programme in the State. As a result of the last two years programming, the following gains have been identified: Full immunization coverage for the state is 82.63 %( HMIS 2014) and coverage of BCG is 89.79 %( HMIS 2014) before discharge from health institutes in Rajasthan. Rajasthan was declared Maternal Neonatal Tetanus (MNT) free state in 2014 following a multi-stakeholder MNTE validation exercise, in which UNICEF participated. Approximately, 1,800 state cold chain points (>85%) have functional cold chain equipment, records and vaccines maintained as per standard protocols across the state. Government successfully launched state-wide Pantavalent, Open vial policy and cold chain maintenance building a team of more 18,000 staff, for which UNICEF and WHO have been the key technical advisor in rolling out of Pantavalent vaccine and supportive supervision has been provided to health workers across the state. From November 2014, this has enabled over 120,000 children below one year being covered with the Pantavalent vaccine following state completion of over 60,000 MCHN sessions. All 33 Districts are providing routine immunization with measles 2 vaccinations, achieving 86% measles coverage against DPT Booster, with higher coverage levels in 21 than the state average.   1. DRICs have supported the major RI project activities. Cold chain mentoring has been completed in 1,948 points of a total of 2,179 cold chain points in the state. Supportive supervision with training of modules 8, 13 and 14 (use of RI reporting, open vial policy, Pantavalent vaccine) has been conducted in all 33 districts in 2014 adding to a total coverage of 10 modules since the start of CDC project. EVM study has been completed and recommendations for improvement are being implemented like recommendation for tracking vaccine arrival processes have been complied and stock recording registers have been printed that has enabled the standardization of the records and adequacy of data captured.   Despite these gains, major bottlenecks related to poor RI coverage are still to be tracked and bridged through the following strategies in 2015 and 2016:  Strategy 1: To support government leadership and initiative sustainability and advocacy for a regular formal immunization management with regular meetings and the inclusion of CBI-RI as a regularly monitored item.  Strategy 2: Introduce high-quality cascade strategy to division and district levels through a state and divisional workshop on training modules and complete district-wise analysis of data for implementation and skills once every quarter.  Strategy 3: Strengthen implementation through mentoring and monitoring and facilitate implementation and provide supportive supervision to District, block and sector level officials to implement CBI-RI effectively with quality.  Strategy 4: Facilitate strengthening supervision and review meeting platforms.  Strategy 5: Strengthen quality and access for activity guides (modules) quality, completeness and access.  Divisional RI Coordinator is being hired as a consultant to provide support to the state Government services of Routine Immunization in the districts of Ajmer Division who shall regularly monitor the removal of bottlenecks and facilitate strengthening of district health management system for sustained strategic actions in addressing priority service delivery and utilization gaps and bottlenecks. |
| 1. **Purpose of Assignment**   To improve quality and coverage of Immunization through ‘System strengthening’ in planning, monitoring, review and supervision of the programme in the districts of the respective division by effective implementation of outcome level results and implementing capacity building initiative, with special focus on still low performing pockets in each of the districts. |
| 1. Basic objectives of the Assignment:   To facilitate evidence based quality planning, monitoring and implementation of ‘Capacity Building Initiative’ in the respective districts of Ajmer division.  To do district wise, block wise and sector wise analysis of CBI-RI and routine Immunization and share feedback with the divisional, district and block level officials with special emphasis on bottlenecks and recommendations for overcoming priority gaps/bottlenecks in achieving improved coverage rates by 5% in each district.  To do regular field visits and supportive supervision of district team for quality implementation of the initiative, routine immunization, MCHN days, results driven monthly meetings and review. |
| 1. Duty station Ajmer, Rajasthan. The consultant will be required to travel approximately 15 to 20 days every month within the districts of the Ajmer division to complete each set of deliverable. |
| 1. Duration: 10 months from the date of issuance of contract |
| 1. Supervisor: Health Officer/ Health Specialist |
| 1. Major tasks and deliverables with timeline: (provide detail and in quantitative terms)   *(Please ensure to keep each task and deliverables/set of deliverables in separate rows)* |

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| **Tasks/ Result** | **End Product/ Set of deliverable (s)** | **Estimated Time frame** | |
| **Task 1:**   * Improved planning and monitoring of MCHN Sessions. * Improved reporting of Immunization sessions, Cold Chain and Campaigns for RI in all sectors of the districts in the division. | * An assessment of quality of MCHN session through a report using at least 10 A -4 size pages or 6000 words clearly defining success stories and bottlenecks removed in effectively implementing MCHN sessions and proposed solutions to improve further. Report should AT LEAST include coverage of the following sessions/meeting, segregated by district: * 24 MCHN sessions, * 10 sector meeting and * 6 Block level meetings and * 6 District level meetings. * Regular 2 to 4 pages report on progressive changes in the facilities and bottlenecks removed as a result of onsite mentoring approach   Coverage of each district in the division and reporting of the following:   * Analysis of RI Service Records by facilities visited * Details of MCHN plan and coverage of sessions attended * Vaccine upkeep, distribution and AVDS * Cold chain status as well as Outcomes / Impact with the removal of critical bottlenecks. * Information on coverage of UNICEF RI communication and campaigns and any improvement in RI | 3 Months | |
| **Task 2:**   * Improved knowledge and skills in Routine Immunization as a result of district, block and sector level training on modules resulting in improved reporting of Routine Immunization * Improved coverage of immunization as a result of training managers and vaccinators through the 16 training modules | * Training of key monitoring officials in each district to ensure that they can return completed forms of Immunization (Forms 6, 7 and 8 on vaccine logistics, MCHN session reports and House to House Survey) and prepare a MONTHLY REPORT (4 to 6 pages) on Improved knowledge and skills in Routine Immunization * 10 District Level officials on ‘Reporting’ through the District level monitoring format of RI * 30 Block level officials on ‘Reporting’ through the Block level monitoring format of RI * 120 Sector level managers on ‘Reporting’ through the Sessions and House to House monitoring format * Evidence of Coverage of Modules in District Level Meetings: A report (4 to 6 pages) on improved knowledge and skills of 30 Urban LHV/ANM and 60 Rural LHV/ANM in each district on all 16 Training Modules related to Immunization/cold chain are to be undertaken.   Interview Questionnaires (one each on 16 modules) to be based on the following:   * Key practices promoted through the modules. * How the training was imparted and how many times they were retrained. * Understanding of the new modules “Adverse effects following Immunization” and “Injection Safety”. * Need for further Sequential retraining on one or more of 16 modules covered in the past to be undertaken. * Analysis of a report (4 to 6 pages) on each of the module number assessed, list of persons interviewed, feedback and comments on the process of CBI-RI are to be documented. * For two new modules, duration of discussion on each module in their last meetings and results of the pre-post assessment test are also to be added. | 3 months | |
| **Task 3:**   * Improved Data Analysis and Review mechanisms for Immunization programme, Vaccine logistics and Cold chain * Improved Ownership of the State, district and divisional officials for CBI-RI and review mechanisms for Immunization programme in all districts and blocks in the division. | * A sector-wise compilation of data after validation and analysis (4 to 6 pages) of Improved quality of Immunization coverage, including updated status of NEW VACCINES coverage reported in terms of covering all the AEFI reports and final outcome in all sectors of the Divisions and its triangulation with the field observations and key recommendation to improve Immunization coverage data quality from the learnings of AEFI investigation as well improving coverage with quality. * Month-wise tracking of changes (2 to 4 pages) in quality of data reported to the district from the sectors clearly identifying and describing reasons for improvement. * Documentation of success stories of about 40-60 pages on the improvement in the key practices in RI based on documentation of the performance sharing meetings at 30 sector level / Block level meetings in the division. The report should be written on the basis of stories narrated by the vaccinator and validation at the field level by the DRIC. * A report of 2 to 4 pages on status of bottlenecks removal and it’s linkages with change in the key Immunization practices | 3 Months | |
| **Task 4:**  Improved monitoring through use of standardized monitoring format for immunization/cold chain/survey/supportive supervision during all visits to districts and blocks in the division.  To support district and divisional level activities, any other task component as required for support to Routine Immunization, Cold chain and related areas. | * Filling-up of standard format for MCHN, immunization campaigns, cold chain, survey, supportive supervision and success stories. This will be a package for all travels to the district and summary to be shared every month. * Analysis of the results of these monitoring forms on a continued manner and submission of all results in the form of a report of 4-6 pages showing improved monitoring by DRIC at the end of every quarter. * Following a plan for all activities and sharing the PoA for every month on the 10th day of the previous month with the supervisor by e-mail. * A number of new vaccines and strategies are due for introduction in 2015 and 2016 (Vaccines for Rotavirus, Polio IPV switch and PCV). UNICEF in consultation with the GoR will decide the plan of action in which DRIC will play an important role in field level advocacy, dissemination of information, training, monitoring, compilation, analysis and reporting to UNICEF. * A number of state-wide campaigns are also expected in 2015 & 2016 (Indradhanush campaign and Measles-Rubella immunization). * UNICEF organises launch of communication and media campaigns to promote RI in which roles will be assigned based on the capacity and performance of DRIC at the district level of the division | 1 Month | |
| 1. Qualification or specialized knowledge/experience required for the assignment :  * Master’s degree/ diploma in Health management or social work or social sciences * More than 3 years working experience at the Divisional, State or district level on the areas related to immunization. * 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. * Skills in capacity assessment/building, documentation and monitoring of performance. * Functional computer knowledge and skills in data entry and analysis are essential. | | | | |
| 1. Conditions:  * General Conditions of Contracts for the Services of Consultants / Individual Contractors | | | | |
| * 1. **Qualification or specialized knowledge/experience required for the assignment :**   Master’s degree in Health management or social work or social sciences  More than 3 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 | | |
| General Terms and Conditions of the Contract | | |

**Financial Bid**

**Divisional RI Consultant Ajmer**

**INDIVIDUAL CONSULTANT FOR SSA RCH, UNICEF**

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| **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:**   * Improved planning and monitoring of MCHN Sessions. * Improved reporting of Immunization sessions, Cold Chain and Campaigns for RI in all sectors of the districts in the division. | * An assessment of quality of MCHN session through a report using at least 10 A -4 size pages or 6000 words clearly defining success stories and bottlenecks removed in effectively implementing MCHN sessions and proposed solutions to improve further. Report should AT LEAST include coverage of the following sessions/meeting, segregated by district: * 24 MCHN sessions, * 10 sector meeting and * 6 Block level meetings and * 6 District level meetings. * Regular 2 to 4 pages report on progressive changes in the facilities and bottlenecks removed as a result of onsite mentoring approach   Coverage of each district in the division and reporting of the following:   * Analysis of RI Service Records by facilities visited * Details of MCHN plan and coverage of sessions attended * Vaccine upkeep, distribution and AVDS * Cold chain status as well as Outcomes / Impact with the removal of critical bottlenecks. * Information on coverage of UNICEF RI communication and campaigns and any improvement in RI | 3 Months | 45 Days |  |  |
| **Task 2:**   * Improved knowledge and skills in Routine Immunization as a result of district, block and sector level training on modules resulting in improved reporting of Routine Immunization * Improved coverage of immunization as a result of training managers and vaccinators through the 16 training modules | * Training of key monitoring officials in each district to ensure that they can return completed forms of Immunization (Forms 6, 7 and 8 on vaccine logistics, MCHN session reports and House to House Survey) and prepare a MONTHLY REPORT (4 to 6 pages) on Improved knowledge and skills in Routine Immunization * 10 District Level officials on ‘Reporting’ through the District level monitoring format of RI * 30 Block level officials on ‘Reporting’ through the Block level monitoring format of RI * 120 Sector level managers on ‘Reporting’ through the Sessions and House to House monitoring format * Evidence of Coverage of Modules in District Level Meetings: A report (4 to 6 pages) on improved knowledge and skills of 30 Urban LHV/ANM and 60 Rural LHV/ANM in each district on all 16 Training Modules related to Immunization/cold chain are to be undertaken.   Interview Questionnaires (one each on 16 modules) to be based on the following:   * Key practices promoted through the modules. * How the training was imparted and how many times they were retrained. * Understanding of the new modules “Adverse effects following Immunization” and “Injection Safety”. * Need for further Sequential retraining on one or more of 16 modules covered in the past to be undertaken. * Analysis of a report (4 to 6 pages) on each of the module number assessed, list of persons interviewed, feedback and comments on the process of CBI-RI are to be documented. * For two new modules, duration of discussion on each module in their last meetings and results of the pre-post assessment test are also to be added. | 3 months | 45 Days |  |  |
| **Task 3:**   * Improved Data Analysis and Review mechanisms for Immunization programme, Vaccine logistics and Cold chain * Improved Ownership of the State, district and divisional officials for CBI-RI and review mechanisms for Immunization programme in all districts and blocks in the division. | * A sector-wise compilation of data after validation and analysis (4 to 6 pages) of Improved quality of Immunization coverage, including updated status of NEW VACCINES coverage reported in terms of covering all the AEFI reports and final outcome in all sectors of the Divisions and its triangulation with the field observations and key recommendation to improve Immunization coverage data quality from the learnings of AEFI investigation as well improving coverage with quality. * Month-wise tracking of changes (2 to 4 pages) in quality of data reported to the district from the sectors clearly identifying and describing reasons for improvement. * Documentation of success stories of about 40-60 pages on the improvement in the key practices in RI based on documentation of the performance sharing meetings at 30 sector level / Block level meetings in the division. The report should be written on the basis of stories narrated by the vaccinator and validation at the field level by the DRIC. * A report of 2 to 4 pages on status of bottlenecks removal and it’s linkages with change in the key Immunization practices | 3 Months | 45 Days |  |  |
| **Task 4:**  Improved monitoring through use of standardized monitoring format for immunization/cold chain/survey/supportive supervision during all visits to districts and blocks in the division.  To support district and divisional level activities, any other task component as required for support to Routine Immunization, Cold chain and related areas. | * Filling-up of standard format for MCHN, immunization campaigns, cold chain, survey, supportive supervision and success stories. This will be a package for all travels to the district and summary to be shared every month. * Analysis of the results of these monitoring forms on a continued manner and submission of all results in the form of a report of 4-6 pages showing improved monitoring by DRIC at the end of every quarter. * Following a plan for all activities and sharing the PoA for every month on the 10th day of the previous month with the supervisor by e-mail. * A number of new vaccines and strategies are due for introduction in 2015 and 2016 (Vaccines for Rotavirus, Polio IPV switch and PCV). UNICEF in consultation with the GoR will decide the plan of action in which DRIC will play an important role in field level advocacy, dissemination of information, training, monitoring, compilation, analysis and reporting to UNICEF. * A number of state-wide campaigns are also expected in 2015 & 2016 (Indradhanush campaign and Measles-Rubella immunization). * UNICEF organises launch of communication and media campaigns to promote RI in which roles will be assigned based on the capacity and performance of DRIC at the district level of the division | 1 Month | 15 Days |  |  |
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***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**

**DRIC, Ajmer**

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.

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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11.** Permanent address | | | | | | | | | | | | | | | | | | **12.** Present address (if different) | | | | | | | | | | | | | | | | | | | | **13.** Office Telephone No. | | | | | | | | | | | | | | | |
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| 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 | | | |
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| **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 | | | | | | | | | | | | | | | | |  | | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | |
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| **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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OTHER LANGUAGES | | | | | | | | Easily | | | | | | | Easily | | | | Easily | | | | | | | Easily | | | | | | | | Easily | | | | | Easily | | | | | | Easily | | | | | | Easily | | |
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| **23.** For clerical grades only  *Indicate speed in words per minute* | | | | | | | | | | | | | | | | | | | | | | | | | | *List any office machines or equipment*  *you can use* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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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 | | | | | | | | | | | | ATTEND FROM/TO | | | | | | | | | | | | | | CERTIFICATES OR | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Mo./Year | | | | | | | Mo./Year | | | | | | | DIPLOMAS OBTAINED | | | | | | | | | | | |
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| **25.** LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26.** LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (do not attach) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | |
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| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
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|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING: | |
|  | | | | SUPERVISED BY YOU: |  | |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
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|  | | | | NO. AND KIND OF EMPLOYEES | | REASON FOR LEAVING |
|  | | | | SUPERVISED BY YOU***:*** | |  |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
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| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
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|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING |
|  | | | | SUPERVISED BY YOU: |  |
| DESCRIPTION OF YOUR DUTIES | | | | | |
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| **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? | | | | | | | | |
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| **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 |
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| **31.** STATE ANY OTHER RELEVANT FACTS, INCLUDING INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY | | | | | | | | |
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| **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. | | | | | | |
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