List of staff engaged in project implementation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Task** | **Activities for implementation of which staff will be involved** |
|
|
| **Administrative staff** | | | | |
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| **Operational staff** | | | | |
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|  |  |  |  |  |

**Organization Name:**

**Address:**

**Email and contact details:**

**Signature:**

**Name and Title, Head of Organization:**

*Affix stamp here*

The format of resume (CV) for personnel involved

Proposed position

Name of the Organization

Name of Staff

Profession

Date of birth

Number of years in the organization \_\_\_\_\_\_\_\_\_\_\_\_

Citizenship:

Description of duties assigned

**Qualification :**

*[Give an outline of staff member’s experience and training most pertinent to tasks on assignment. Describe degree of responsibility held by staff member on relevant previous assignments and give dates and locations. Use about half a page.*

**Education:**

*[Summarize college/university and other specialized education of staff member, giving names of schools, dates attended, and degrees obtained.*

**Work experience:**

*[Starting with present position, list in reverse order every employment you had. List all positions held by staff member since graduation, giving dates, titles of positions held, names and locations of employing organizations. For experience within the past ten years, also provide types of activities performed and references (if possible).*

**Languages :**

*[For each language indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.*

**Certification:**

I, the undersigned, certify that these data correctly describe me, my qualifications, and my experience. I understand that any willful misstatement described herein may lead to my disqualification or dismissal.

Date:

*[Signature of the staff member and authorized representative of the organization / date/month/year /*

Full name of the staff member /: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of the authorized representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name:**

**Address:**

**Email and contact details:**

**Signature:**

**Name and Title, Head of Organization:**

**Date:**

*Affix stamp here*