# ANNEXURE B – OCCUPATIONAL MEDICAL PRACTITIONER CV

# Notes:

# The Bidder must complete the form electronically in full. After electronically completing the form, it must be printed, signed by the recommended Occupational Medical Practitioner (OMP) and submitted with all other required documents. Please do not submit a form which has been completed by hand.

# The bidder must provide proof of Bachelor of Medicine and Bachelor of Surgery (MBChB) or equivalent Degree as well as a recognised Specialist Occupational Medicine or Diploma in Occupational Health or any relevant qualification(s) recognised by SAQA.

# The bidder must provide proof of registration with HPCSA as an Occupational Medical Practitioner.

# SARS will validate the disclosed information on this form and all supporting documents submitted during the technical evaluation stage.

# Non-completion may render bidder submission as non-responsive.

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| 1. **PERSONAL DETAILS**   Complete personal details of the consultant who will be recommended to SARS | |
| Surname |  |
| Full Names |  |
| Nationality |  |
| Identity Number |  |
| If not a South African citizen, do you have a valid work permit? | Yes  No  If yes, please provide the work permit number &  Expiry Date: |
| Gender |  |
| Telephone |  |
| Email Address |  |

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| 1. **PROFILE AND BACKGROUND** |
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| 1. **SKILLS SUMMARY** | | | |
| **Core skills** | **Years of Experience** | **Competency (1-exposed,5-expert)** | |
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| **Additional skills** | **Years of Experience** | **Competency (1-exposed,5-expert)** | |
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| 1. **WORK EXPERIENCE RELATED TO HRM SERVICES** | | | | |
| **Activities** | **Company** | | **Period** | |
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| 1. **ACADEMIC QUALIFICATIONS** | | |
| **Qualifications** | **Name of Institution** | **Year of Completion** |
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| **Professional Certification** | **Institution** | **Year of Completion** |
|  |  |  |
| **Other** | **Institution** | **Year of Completion** |
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Signatures of the Bidder’s Authorised Representative and the proposed Occupational Medical Practitioner (OMP) to confirm that this curriculum vita is accurate and complete.

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| **Authorised Representative for the Bidder** | **Occupational Medical Practitioner (OMP)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name:**  **Designation:**  **Date of signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name:**  **Designation:**  **Date of signature:** |