# ANNEXURE B1 – OCCUPATIONAL THERAPIST CV

# Notes:

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

# The bidder must provide proof Proof of Bachelor of Science degree in Occupational Therapy or any relevant qualification(s) recognised by SAQA 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** |
|  |  |  |
| **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 Therapist (OT) to confirm that this curriculum vita is accurate and complete.

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| **Authorised Representative for the Bidder** | **Occupational Therapist (OT)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name:**  **Designation:**  **Date of signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name:**  **Designation:**  **Date of signature:** |