**PERSONAL HISTORY FORM - CONTRACTORS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. CONTRACT REFERENCE**

|  |  |
| --- | --- |
| **Contracting Unit** | **Procurement Reference Number** |
|  |  |

**2. PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |       | First name |       |
| Birth date | (dd/mm/yyyy)       | Country of birth |       |
| Passport N° |       | Gender |  Male Female |
| Present nationality |       | Other nationality |       |

**SPOUSE / PARTNER / DEPENDANTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relative’s Name** | **Relationship** | **Date of Birth**  | **City/Country****of Birth** | **City/Country****of Residence** |
|       |       | (dd/mm/yyyy)       |       |       |
|       |       | (dd/mm/yyyy)       |       |       |
|       |       | (dd/mm/yyyy)       |       |       |
|       |       | (dd/mm/yyyy)       |       |       |
|       |       | (dd/mm/yyyy)       |       |       |

**RELATIVES EMPLOYED IN THE SPECIALIST CHAMBERS AND SPECIALIST PROSECUTOR’S OFFICE/EU/INTERNATIONAL ORGANISATIONS**

|  |  |  |
| --- | --- | --- |
| **Relative’s Name** | **Relationship** |  **Organisation** |
|       |       |       |
|       |       |       |

**3. CONTACT DETAILS**

|  |
| --- |
| **Home country address**  |
| Street       | Zip/postal code       |
| Town/city       | County/state/province       | Country       |
| Telephone N°       | Mobile N°       | E-mail address       |
| Skype address       |  |  |
| **Alternative/current contact details** |
| Street       | Zip/postal code       |
| Town/city       | County/state/province       | Country       |
| Telephone N°       | Mobile N°       | E-mail address       |

**4. EDUCATION AND PROFESSIONAL TRAINING**

|  |  |
| --- | --- |
| **University education or equivalent** | Attended (dd/mm/yyyy) |
| Name institution/university, place and country | Degrees/qualifications obtained(Title of qualification awarded) | Main course/field of study | From: | To: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Secondary education and/or formal vocational education/training** |
| Name institution/place and country | Degrees/qualifications obtained(Title of qualification awarded) | Main course/field of study | From: | To: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 |

**5. EMPLOYMENT RECORD** (in reverse chronological order)

|  |  |
| --- | --- |
| **Current/most recent position** | Current position:  Yes  No |
| Organisation | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised).       |
| Supervisor’s name:       | E-mail:       | Phone N°:       |
| **Previous position** (**1)** (only positions longer than 6 months) |
| Organisation | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised).       |
| Supervisor’s name:       | E-mail:        | Phone N°:        |
| **Previous position (2)** (only positions longer than 6 months) |
| Organisation | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised).       |
| Supervisor’s name:       | E-mail:       | Phone N°:       |
| **Previous position (3)** (only positions longer than 6 months) |
| Organisation | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
| Description of tasks and responsibilities (management level, supervisory level, number of personnel supervised)       |
| Supervisor’s name:       | E-mail:       | Phone N°:       |
| **Other previous positions and positions shorter than 6 months** |
| Organisation | Place and country | Job title | Date (dd/mm/yyyy) |
|  |  |  | From: | To: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**6. OTHER SKILLS**

|  |  |
| --- | --- |
| **Languages** (European level \*) | **Native language:**       |
| Other languages | Speak | Write | Read | Understand |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

C1, C2 = Proficient; B1, B2 = Independent User; A1, A2 = Basic User

(\*) [Common European Framework of References for Languages](http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr)

|  |
| --- |
| **Computer skills** |
| Word processor |       | Web browsing |       | Presentations  |       |
| Spreadsheets |       | Financial software |       | Project management |       |

C = Proficient User; B = Independent User; A = Basic User; N/A

**7. FINAL QUESTIONS**

|  |
| --- |
| Please read and answer carefully all questions in the space provided. In case needed, please add a separate sheet. |
| a) Do you have any objections to our making enquires with your current and/or former employer(s), including current or former supervisors, and/or with other persons appropriate for that purpose who you have referred to in this form?If yes, please provide details.      |  Yes  No |
| Declaration I understand and accept that the Specialist Chambers and Specialist Prosecutor’s Office requires the highest level of personal and professional integrity from all contracting partners.I hereby certify that the statements made by me in this Personal History Form - Contractor are true, complete and correct to the best of my knowledge and belief. I understand and accept that any misrepresentation or material omission made on the Personal History Form - Contractor may result in the voiding of applicable agreements for contacted services. I agree that the information provided in my Personal History Form - Contractor may be used in the screening process that forms an integral part of Specialist Chambers and Specialist Prosecutor’s Office due diligence activities. |
| Place | Date | Signature (typed name is sufficient).  |

You may be requested to supply documentary evidence, which supports the statements you made above. Please do not; however send any documentary evidence until you have been asked to do so.

**Please submit the completed form in MS Word format.**