

CONSULTANT/TRAINER'S REGISTRATION FORM

Please complete clearly in black ink or type and send or email to address below:

For Office Use Only	<i>Date received:</i>	<i>Application No.:</i>
Approved: BUDS-EDS	<i>Date:</i>	<i>Sign:</i>
Registered	<i>Date:</i>	<i>Sign:</i>
	<i>Registration No.</i>	

I. NOTE :

Completion of this form is obligatory if you are to provide services to a BUDS-EDS grant beneficiary. However, registration with BUDS-EDS does not guarantee you business through the scheme.

We may from time to time pass on your details to enterprises of professional associations applying for a BUDS-EDS grant. However, registration with BUDS-EDS implies no obligation for us to do so.

All projects supported through BUDS-EDS are subject to standard requirements on reporting and monitoring.

II. GENERAL INFORMATION

1. Name of company or individual consultant

2. Business Address

Telephone

Fax

Email

3. If company,

Name of contact person

Position of contact person

4. Name of individual consultants who may work on BUDS-EDS projects (attach summary CV's for each)

5. Examples of recent clients and assignments (past 3 years)

6. References: (note: references will be taken up)

7. Expertise: (at least one substantial project must have been undertaken by one of the individuals named under item 4)

Field	Specific Ugandan experience	Specific other experience
Financial management		
Productivity improvement		
Quality management		
Product development		
Market development		
Strategic development		
Others (please specify)		

8. Indicative fee rates: (tick relevant box or enter exact fee rate or range)

Fee rate per day (Ushs)	Senior consultant	Intermediate	Junior consultant
500,000 or over			
300,000 – 400,000			
200,000 – 300,000			
150,000 – 200,000			
100,000 – 150,000			

BUDS



PRIVATE SECTOR
FOUNDATION UGANDA

50,000 – 100,000			
30,000 – 50,000			
Less than 30,000			

YOUR PARTNER IN PRIVATE SECTOR LED DEVELOPMENT

III. ATTACHMENTS:

- Company profile and record of assignments carried out
- Curricula vitae of key consultants

IV. DECLARATION:

I/we wish to be registered as a consultant with BUDS-EDS. I/we hereby give approval for BUDS-EDS management to approach the referees named in section 6. Subject to successful registration, I/we also agree to allow BUDS-EDS management, at their discretion, to forward details to prospective clients.

Signed:

Position:

Date: