Curriculum Vitae (CV) Format

Individual Consultant (Full Time) for the Digital Libraries Project (ICTA/GOSL/CON/IC/2017/22)

{Notes shown in brackets { } in italic should not appear on the final document to be submitted}

Position /Title	Individual Consultant for the Digital Libraries Project			
Name of Consultant:	{Insert full name}			
Date of Birth:	{day/month/year}			
Country of Citizenship/Residence				
	or other specialized education, giving names of educational diploma(s) obtained}			

Employment record relevant to the assignment: {Starting with present position, list in reverse order. Please provide dates, name of employing organization, titles of positions held, Contract amount, types of activities performed and location of the assignment, and contact information of previous clients and employing organization(s) who can be contacted for references. Past employment that is not relevant to the assignment does not need to be included.}

Period	Employing organization and your title/position. Contact information for references	Country	Summary of activities performed relevant to the Assignment
{e.g., May 2012-	{e.g., Ministry of, Advisor/Consultant to		
present}	Advisor/Consultant to		
	For references: Tel/e-		
	mail; Mr.Abbbbbb, Director General}		
{e.g., From			
Jan 2010 to			
<i>May 2012}</i>			

Memberships in Professional Associations and Publications:				
Language Skills (indicate only languages in which you can work):	_			

Adequacy for the Assignment:

Detailed Tasks Assigned to the Consultant:

		Best Illustrates Assigned Tasks	Capability to	Handle	the
Study project documents and be fami	liarize with				
the Project and Project outputs and Ou					
Situation Assessment: Study the curre	nt status of				
the library management process and	identify the				
existing gaps.					
Plan, design and implement th	ne change				
management process.	_				
Introduce the Integrated Library N	Ianagement				
System and facilitate the process impr					
order to enhance the service quality and	d efficiency				
Gather training requirements of the sy					
design and conduct capacity d	•				
programmes in order to disseminate the	_				
and motivate staff to use and promote	the system				
Conduct training evaluation					
Monitor the implementation process a	and prepare				
quarterly progress report.					
Consultant's contact information: (e-m	ail	, phone)		
Certification: I, the undersigned, certify that to the be myself, my qualifications, and my experior of an award. I understand that any missta disqualification or dismissal by the Clien	ence, and I a tement or mi	ım available to und	ertake the assign cribed herein m	nment in ca ay lead to r	ase my
			{day/m	onth/year}	
Name of Consultant	Sign	ature		Date	_

Reference to Prior Work/Assignments that