

CONSULTANT REGISTRATION FORM



Fair Trading Commission
Manor Lodge, Lodge Hill
St. Michael, Barbados, W. I.
Tel.: (246) 424-0260 Fax: (246) 424-0300
Email: info@ftc.gov.bb

SECTION 1 - GENERAL DETAILS

1. General Information: Please complete clearly (preferably typewritten)

Consultancy Name:

Contact Person:

Position:

Address:

Country:

Tel:

Email:

Fax:

Website:

2. Legal Status /Type of Organisation

☐ Individual ☐ Individual with Associates ☐ Private Company ☐ Partnership ☐ Other - Specify

3. Details of Consultancy

Year Consultancy
Established

Number of Fulltime Professionals

Number of Associate Professionals

Number of
Support Staff

[year/month/day]

4. Fee Rates

Please indicate the range of your daily fees, excluding VAT

From US\$

to US\$

5. Names and Addresses of Associated Firms and / or Individuals

(a)

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(b)

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(c)

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(d)

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6. Consultancy Experience – Provide information of three consultancies undertaken.

[Use additional paper as necessary]

(a) Details of Assignment

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Project Duration days

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Name and Address of original Contractor

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Date Project completed

.....

[year/ month/ day]

(b) Details of Assignment

.....

.....

.....

Project Duration days

.....

Name and Address of original Contractor

.....

Date Project completed

.....

[year/ month/ day]

7. Please list areas of expertise

(a)

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(b)

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(c)

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(d)

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8. Publications - List the title and date of publication of any recent published works, documents or reports produced by your consultancy.

(a)

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(b)

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(c)

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(d)

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9. Declaration

I confirm that the information contained in this application form is correct

.....

Signature

.....

Title

.....

Date

SECTION 2 - PERSONAL HISTORY STATEMENT

[To be completed by all Individuals and Associates]

Name:

Date of Birth:

[year/month/day]

Citizenship:

Education (Institution, Degree, Year, Specialty):

Professional Qualifications:

Work Experience:

Note: Please make additional copies of this form as necessary. Curricula vitae may be attached to this form.

SECTION 3 - CLIENT REFEREES

[At least **two** (2) client references are required]

Client Name/Contact

Business Identity

Address

Telephone Number

Ext

Facsimile Number

Details of Project

Number of Employees

Project Duration

Date Project completed

[days]

[year/month/days]

Client Name/Contact

Business Identity

Address

Telephone Number

Ext

Facsimile Number

Details of Project

Number of Employees

Project Duration

Date Project completed

[days]

[year/month/days]