

Expression of Interest - TRANSFORM

Please read the guidance before submitting your expression of interest.

Reference No: (for office use only)

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British Council Sri Lanka

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Part 1: Contact details

Contact details		
Name of organisation:		
Legal form of your organisation:		
Registration Number:		
Number of years in operation		
Address:		
Head of organisation (name and title):		
E-mail address:		
Contact Telephone number:		
Another senior member:		
(name and title)		
E-mail address:		
Contact Telephone number:		

Part 2: Your understanding of the assignment and proposed approach

Work package(s) your organisation is proposing with your approach for each work package. If proposing packages from both Set 1 and Set 2, also indicate how you will work across both Sets.

Part 3: Your organisation

3.1 Governance

3.2 Availability of appropriate skills among staff

3.3 Capacity to handle this assignment (including resources, relationships, networks and similar)

3.4 Experiences in similar tasks 3.4.4 In South Asia including Sri Lanka

3.4.5 Globally

3.5 Availability of support services

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Part 4: Track record

Applicants can refer either to projects completed within the last 5 years' period (although started earlier) or to projects not yet completed.

(Ref. No.1) Assignment nam	e		
Country			
Location in country		Duration of assignment (months)	
Name of client		Total No of staff months of the assignment	
Address		Approx. value of the services provided by your firm under the contract (in current GBP)	
Start date (Month/year)	Completion date	No of professional staff months provided by associated consultants	
Name of associated consultants, if any		Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/ Co-ordinator/Team Leader)	
Narrative description of proj	ect:		
Description of actual services provided by your staff within the assignment			

(Ref. No.2) Assignment nam	e	
Country		
Location in country		Duration of assignment (months)
Name of client		Total No of staff months of the assignment
Address		Approx. value of the services provided by your firm under the contract (in current GBP)
Start date (Month/year)	Completion date	No of professional staff months provided by associated consultants
Name of associated consultants, if any		Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/ Co-ordinator/Team Leader)
Narrative description of proj	ect:	
Description of actual service	es provided by your staff with	n the assignment
Description of actual service	es provided by your staff withi	n the assignment
Description of actual service	es provided by your staff withi	n the assignment
Description of actual service	es provided by your staff withi	n the assignment

(Ref. No.3) Assignment nam	e		
Country			
Location in country		Duration of assignment (months)	
Name of client		Total No of staff months of the assignment	
Address		Approx. value of the services provided by your firm under the contract (in current GBP)	
Start date (Month/year)	Completion date	No of professional staff months provided by associated consultants	
Name of associated consultants, if any		Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/ Co-ordinator/Team Leader)	
Narrative description of proj	ect:		
Description of actual service	es provided by your staff within	n the assignment	

(Ref. No.4) Assignment nam	e	
Country		
Location in country		Duration of assignment (months)
Name of client		Total No of staff months of the assignment
Address		Approx. value of the services provided by your firm under the contract (in current GBP)
Start date (Month/year)	Completion date	No of professional staff months provided by associated consultants
Name of associated consultants, if any		Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/ Co-ordinator/Team Leader)
Narrative description of proj	ject:	
Description of actual service	es provided by your staff withi	n the assignment
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(Ref. No.5) Assignment nam	e	
Country		
Location in country		Duration of assignment (months)
Name of client		Total No of staff months of the assignment
Address		Approx. value of the services provided by your firm under the contract (in current GBP)
Start date (Month/year)	Completion date	No of professional staff months provided by associated consultants
Name of associated consultants, if any		Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/ Co-ordinator/Team Leader)
Narrative description of proj	ject:	
Description of actual service	es provided by your staff withi	n the assignment

Part 5: Further information

Please use this space for any further information you would like to add in support of your application.

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Part 6: Signatures

Signatures	
Head of organisation	
Name	
Signature	
Date	
Other senior member	
Name	
Signature	
Date	

Part 7: Checklist of enclosures

Please send the following documents with your application, and tick the boxes to show you have done so.		
An organogram of your organisation (organisational chart showing all staff and lines of responsibility)		
Certificate of Organisation Registration		
Existing policies of the organisation (Child protection, Equality, Anti-corruption etc.)		
Evaluation reports of previous projects (if appropriate)		
Letter(s) of Association (if appropriate) * See template		