

"Navigate GMP with DBA"*

David Buckley & Associates Pty Ltd ACN 103 221 129, ABN 69 103 221 129

www.navigategmp.com info@navigategmp.com



CONSULTANT QUALIFICATION (FORM ###)

see page 3 for instructions on filling out this form

Firm Name:	Address:	Telephone:
		Fax Number:

E-mail addresses:	Mobile phone numbers
Website:	

Type of Organization:	Year Established:	<input type="checkbox"/> IT <input type="checkbox"/> cGMP <input type="checkbox"/> Construction <input type="checkbox"/> Purchasing <input type="checkbox"/> Financial
	Year Incorporated:	Professional Body Certified <input type="checkbox"/> Yes <input type="checkbox"/> No (Tick <input checked="" type="checkbox"/> Applicable)

Names of Principals:	Name of Parent Company (If Applicable):
	Former Name:

Office Use Only	
Decision based on: (please tickmark and attach evidence)	<input type="checkbox"/> Company brochure <input type="checkbox"/> Business report <input type="checkbox"/> Financial rating (e.g. by D&B) <input type="checkbox"/> CVs <input type="checkbox"/> Reference customers <input type="checkbox"/> Others, please specify below
Remarks:	Consultancy has been: (please tickmark) <input type="checkbox"/> qualified <input type="checkbox"/> disqualified Name: _____ Signature: _____ Date: ____/____/____

NAME OF CONSULTANTS FIRM (attach cv for each plus professional body certification if applicable)

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Chief Executive Officer:	Consultant:	Specialist:
Consultant:	Consultant	Specialist

Please indicate the types of projects your firm would like to be prequalified in order of importance by inserting profile code from table below

1.	2.	3.	4.
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Profile code					
A	cGMP 21 CFR part 11	E	Building Construction	J	IT installation
B	cGMP 21 CFR part 210, 211	F	Construction Contract Administration & Inspection	L	Financial
C	cGMP Eudralex Vol 4	G	Building Commissioning	M	Logistics
D	cGMP other (please specify)	I	IT Design	N	Architecture

Personal History Statement of Key Personnel Qualified to Perform the Projects In Which You Wish to be Qualified

NAME (Last, First, Middle Initial):				NAME (Last, First, Middle Initial):			
Years Of Experience:	As Principal of this Firm:	As Principal of Other Firms:	Other than Principal:	Years Of Experience:	As Principal of this Firm:	As Principal of Other Firms:	Other than Principal:
EDUCATION (University, degree, year, specialization):				EDUCATION (University, degree, year, specialization):			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:				MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:			
REGISTRATION (Type, Year, Country):				REGISTRATION (Type, Year, Country):			

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Projects on Which You or Your Firm Is Involved (Indicate only those Profile Codes for which your firm is responsible¹)

Name and Location Of Project:	Description of Services Rendered:	Name/Address Of Owner:	Consultants

If the Space that has been Provided on this Form is Insufficient to Describe You or Your Firm's Experience And Capabilities please attach additional pages as needed

I certify that the foregoing is a true statement of facts

Name of Firm Submitting Questionnaire:	Print Name And Title Of Person Signing:	SIGNATURE: Date:
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Purpose In accordance with cGMP the policy of our company, relative to procuring cGMP, financial, IT, architectural, engineering, and related professional services, is to **qualify** firms engaged in the practice of those professions. In order to allow our company to qualify you, Consultants should complete and file the form with our company. This form may be used as a basis to select firms for contracts, for screening firms qualified to submit proposals, or for screening firms qualified as subcontractors on contracts.

Instructions:

1. Submit only one signed copy
2. Type or clearly print the complete name of submitting firm, its address, and zip code.
3. List not more than two principals from the submitting firm who may be contacted by the agency receiving this form. Listed principals must be empowered to speak for the firm on policy and contractual matters.
4. Please provide a personal history statement of principals and key personnel of the submitting firm office in the boxes on this page. Attach additional sheets if required.
5. The consultant or principal or legally authorized representative of the submitting firm must sign in the space provided. Unsigned forms will be deemed incomplete.
6. **Mail to CEO**

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¹ Attach extra pages if necessary