



merSETA
 MANUFACTURING, ENGINEERING
 AND RELATED SERVICES SETA

PROFESSIONAL SERVICES DATABASE QUESTIONNAIRE (Q1) INCORPORATED SERVICE PROVIDER

[This document has to be completed in conjunction with Merseta vendor application form]
 Telephone (011) 551 5202 Fax 0866 730017

DETAILS OF THE FIRM	
Name of the enterprise:	
Type of enterprise (eg. CC, Company):	
BRANCHES: Please list the following in respect of EACH branch on a separate sheet:	
<ul style="list-style-type: none"> Postal/Street address Telephone and fax numbers 	<ul style="list-style-type: none"> Number of employees and professions Contact person(s)

ENTERPRISE SPECIALITIES

ENTERPRISE MEMBERSHIP OF PROFESSIONAL INSTITUTIONS	
Year registered	Professional Institution

REFERENCE PROJECTS (if applicable)					
Contract Date		Company and Contact (Contact person & tel no)	Description	Duties	
Begin	End			*R	**D

Duties: *R = Report **D = Design +S = Supervisor

Document Title	Professional Services Database Questionnaire Form		
Document Number	FIN-FM-016	Date Compiled	02 October 2009
Page Number	Page 1 of 5	*Last Revision Date	
Revision Number	Rev 00	Access	Controlled
Review: CFO		Approved: CEO	

PROFESSIONAL SERVICES DATABASE QUESTIONNAIRE (Q2) INDIVIDUAL SERVICE PROVIDERS

Telephone (011) 484 9310/16 Fax (011) 484 9319

BIOGRAPHICAL DATA	
Surname:	Initials:
First name:	Title:

DETAILS OF POSITION AND EXPERIENCE WITH CURRENT ENTERPRISE	
Enterprise/Company:	
Years with enterprise:	Years of experience in current occupation:
Position with enterprise:	

QUALIFICATIONS		
Qualification (e.g. BSc Agric)	Institution*	Year obtained
* Full name of institution. If not in South Africa please also state country.		

DETAILS OF PROFESSION	
Profession:	Discipline:
Speciality/ies:	

LANGUAGES				
	Read (Y/N)	Write (Y/N)	Speak (Y/N)	*Comprehension
Preferred:				
Other (1)				
(2)				
(3)				
* Comprehension = Excellent / Good / Average / Poor				

Document Title	Professional Services Database Questionnaire Form		
Document Number	FIN-FM-016	Date Compiled	02 October 2009
Page Number	Page 2 of 5	*Last Revision Date	
Revision Number	Rev 00	Access	Controlled

CAREER HISTORY			
Period		Firm	Scope of Work
From	To		

CONSULTING ASSIGNMENTS (if applicable) e.g. Organisation re-structuring, policy development, impact study					
Contract Date		Company and Contact (Contact person & tel no)	Description	Duties	
Begin	End			*R	**D

Duties: *R = Report **D = Design +S = Supervisor

SKILLS/KNOWLEDGE BASE e.g. organisational development, finance, human resources	COMPETENCIES e.g. analytical, interpersonal, facilitation

PROFESSIONAL REGISTRATIONS		
Institution	Year registered	Membership grade

Document Title	Professional Services Database Questionnaire Form		
Document Number	FIN-FM-016	Date Compiled	02 October 2009
Page Number	Page 3 of 5	*Last Revision Date	
Revision Number	Rev 00	Access	Controlled

DETAILS OF OTHER BODIES YOU ARE A MEMBER OR REPRESENTATIVE OF			
Body	Description of task involvement	Years involved	Currently involved (Y/N)?

DETAILS OF PUBLICATIONS OR PAPERS DELIVERED		
Title	Year	Journal/Seminar etc

If insufficient space, please attach separate page with additional details

SIGNATURE	DATE

Document Title	Professional Services Database Questionnaire Form		
Document Number	FIN-FM-016	Date Compiled	02 October 2009
Page Number	Page 4 of 5	*Last Revision Date	
Revision Number	Rev 00	Access	Controlled

GUIDELINES FOR COMPLETING QUESTIONNAIRES

Telephone (011) 551 5202 Fax 0866 730017

1. Attached are TWO Questionnaires:
 - Incorporated Service Providers (Q1)
 - Individual Service Providers (Q2)
 Relevant supporting brochures of incorporated service providers and/or personal curriculum vitae's of individuals may also be attached. However, the QUESTIONNAIRE MUST BE COMPLETED.

2. Q1 is to be completed for the HEAD OFFICE AND EACH BRANCH OFFICE. This includes branches in the groups that operate under different names.

3. The CONTACT PERSON is someone within the firm who would act as a liaison person for any queries concerning the firm or consultants within the firm.

4. Only ONE questionnaire is supplied for individual consultants (Q2). It is suggested that photocopies of the original questionnaire be made, should more copies be required.

5. INDIVIDUAL SERVICE PROVIDERS must attach certified copies of qualifications and professional membership.

6. INCORPORATED SERVICE PROVIDERS must attach certified copies of professional membership.

7. When completing the relevant space on SPECIALITY(IES), please be as accurate and to the point as possible (e.g. Civil Engineering with experience in Dams and Irrigation, etc). PLEASE DO NOT REFER US TO ANY ATTACHED CV UNDER THIS HEADING.

Document Title	Professional Services Database Questionnaire Form		
Document Number	FIN-FM-016	Date Compiled	02 October 2009
Page Number	Page 5 of 5	*Last Revision Date	
Revision Number	Rev 00	Access	Controlled