

**1.1 QUALIFICATIONS AND EXPERIENCE OF INDIVIDUAL RESOURCES**

Complete a separate page for each key operational employee identified in Section 11.1. This information on each Director or Principal of the firm is mandatory but is not required for non-operational employees such as general office staff, accounts staff, reception staff and the like.

<b>SURNAME:</b> _____	<b>FIRST NAME/S:</b> _____	<b>POSITION IN FIRM:</b> _____	
<b>LOCATION:</b> _____ <small>(eg Head office or name of town if at a regional office)</small>	<b>YEAR JOINED FIRM:</b> _____	<b>TENURE IN FIRM:</b>	<b>Full-time</b> <input type="checkbox"/> <b>Part-time</b> <input type="checkbox"/>
<b>PREVIOUS EMPLOYMENT AND ASSOCIATIONS WITH OTHER FIRMS:</b>			
Name of other Firm	Association	Current	Previous
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACADEMIC QUALIFICATIONS:</b>			
Registered Builder:    Yes <input type="checkbox"/>	Registration Number _____	No <input type="checkbox"/>	
Qualifications <small>(eg Degree, Diploma, Certificate)</small>	Year obtained	Other Courses, Qualifications	Year obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Membership of Professional, Trade Organisations	Year obtained	Other Memberships of Professional, Trade Organisations	Year obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SURNAME:** ..... **FIRST NAME/S:** .....

**PERSONAL EXPERIENCE**

Year	Description of Contract	Value of Contract Perth base value (GST inclusive)	Role in Contract	Facility Complexity		
				Complex	Conventional	Simple
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	\$ .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>