**P104a Instructional Page**

* The use of Inspira is required for the recruitment and engagement of consultants and individual contractors for a duration of six months or more (see section 4.2 of ST/AI/2013/4)
* Hiring Managers should use the automated workflow and the transmittal memo functionality to document their selection and request for engagement. For further information on the inspira recruitment process, please refer to HRSD Quick Guide to Recruiting C/IC via JO and GJO.
* Manual form P104A should only be used for recruitment outside of inspira and is strongly discouraged.

**Signature Instructions:**

1. Right click on the signature box
2. Select Sign
3. Enter your name to sign or select an image of your signature if you have one

U N I T E D N A T I O N S  N A T I O N S U N I E S

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| PROPOSED CANDIDATE | | **SUPPLEMENTARY DATA FOR A CONTRACT FOR THE SERVICES OF A CONSULTANT / INDIVIDUAL CONTRACTOR** | | | CONTRACT NO. |
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| 1. ***Purpose.*** Explain the terms of reference, as provided in Section 1 of Form P.104, for the service required, their relation to the Unit’s work programme, and in particular what special skills or knowledge are required to perform those responsibilities. See Section 3 of ST/AI/2013/4)  For Consultant: Consultancy Level:       . Justification:       (See Sections 5.12 to 5.15 of ST/AI/2013/4) | | | | | |
| 2. In addition to the information submitted in Section 1of Form P.104, provide the ultimate result of services: | | | | | |
| Legislative authority: | | | Title and identification number of programme/project, if regular budget: | | |
| 3. Explain the duration of the contract and the total remuneration budgeted for the purpose, as well as the terms of payment for satisfactory completion of contract. (See Section 3 of Form P.104). | | | | | |
| 4. Estimated amount of actual time to be worked:       Work Days/Weeks/Months (circle applicable time period) | | | | | |
| 5. For consultancy: Is any other department or office of the Secretariat or any other organization of the United Nations involved in similar work to the best of your knowledge? (see Section 3.3(b) of ST/AI/2013/4) NO  YES  If yes, please explain how the services will not duplicate work or activities already performed, being performed or about to be performed: | | | | | |
| 6. Source of Funds: REGULAR BUDGET  EXTRA-BUDGETARY | | | | | |
| Cost of Travel , if any, **in U.S. dollars**: | | | | | |
| Travel | Per Diem | | Other | **Total** | |
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| Was the candidate pre-selected from a roster-based competitive selection process? NO  YES  If yes, was it through INSPIRA? NO  YES  If not from INSPIRA, where from?       (See Sections 4.1 to 4.6 of ST/AI/2013/4) | | | | | |
| 7. Has the proposed candidate been previously employed by the United Nations, or any other organization of the common system as a staff member? (See Section 3.7 to 3.10 of ST/AI/2013/4) NO  YES  If yes, provide details and give highest grade and length of service: | | | | | |
| 8. Travel: APPLICABLE  NOT APPLICABLE  Will the consultant work in a UN office? YES  NO | | | | | |

This form must accompany the Consultant Contract (form P.104) and Personal History (form P.11).

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| 9. List the candidates considered in your order of preference and state their nationality, level of education, skills (provide academic credentials), prior and current engagements, type of work performed, fees and evaluation of past work. (See Sections 4.3, 4.5 and 4.6 of ST/AI/2013/4.) | | | | |
| NAME | NATIONALITY | LEVEL OF EDUCATION | GENDER | DESCRIPTION of SKILLS, ENGAGEMENTS, EXPERIENCE, FEES AND WORK EVALUATION |
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| 10. State the reasons for your order of preference.  *12. I certify to the best of my knowledge that this work has not been done previously; that it cannot be done by regular staff because it requires expertise, special skills or knowledge not normally possessed by regular staff and for which there is no continuing need in the Secretariat and that the services to be performed do not duplicate work or activities already done or about to be done by other individuals, departments or offices of the Secretariat.*  Signature of Head of the Substantive Office: | | | | |
| Name and Title: | | | | Date: (dd/mm/yyyy) |