Part C – Response

|  |  |
| --- | --- |
| Supplier Details | |
| Trading Name | <insert name> |
| Registered Name | <insert name> |
| ACN | <insert number> |
| ABN | <insert number> |
| Address of registered office | <insert address> |
| Type of entity (e.g. company, trust, partnership, sole trader, other) | <insert entity> |
| Key Personnel (e.g. director, chief executive officer, principal of business etc.) | <insert names and positions> |
| Telephone | <insert phone number> |
| Website | <insert URL> |

|  |  |
| --- | --- |
| Contact Person | <insert name> |
| Position | <insert position> |
| Address | <insert address> |
| Postal address (if different to above) | <insert address> |
| Email | <insert email address> |
| Telephone | <insert phone number> |

|  |  |
| --- | --- |
| Procurement Details | |
| Response Against Evaluation Criteria | |
| Mandatory Criteria | |
| Service Provider must be a Registered Training Organisation (RTO) in Australia, or an Australian tertiary institution as defined in the *Higher Education Support Act, 2003* Table A, B and C. |  |
| Weighted Criteria - maximum of 4 pages | |
| 1. Relevant experience and capability | |
| Provide details of your relevant experience and capability (include GEDSI & safeguarding compliance experience and organisation policies) to fulfil Tetra Tech International Development’s Requirements |  |
| 2. Personnel | |
| Provide details of key personnel including nominated course leader, course designer, welfare officer and other key experts with a relevant brief bio and link to online profile (e.g. LinkedIn). |  |
| 3. Delivery | |
| Provide details of proposed dates, location (city or cities in Australia), teaching and learning methodology and key site visits that strengthen learning outcomes. |  |
| 4. Innovation & value add | |
| Provide details of any innovative solutions, systems or corporate rates that may add value to the course. |  |

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| **References** | |
| Please provide up to three references that may be contacted in relation to Your Proposal | |
| Name | **Contact Details** |
|  |  |
|  |  |
|  |  |

I/We declare that

a) the Conditions of the EOI Process are agreed; and

b) the information and particulars provided as part of this EOI are accurate and correct.

|  |  |
| --- | --- |
| *Dated:* |  |

|  |  |
| --- | --- |
| Supplier | |
| Signature |  |
| \*Print name and office held |  |

|  |  |
| --- | --- |
| Witness | |
| Signature |  |
| \*Print name and office held |  |

\*Use BLOCK LETTERS