# REQUEST FOR GTAM CONSULTANT ROSTERS

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| To : GTAM Consultant Rosters Manager  Global Technical Assistance Mechanism for Nutritiongtamroster@unicef.org |  |
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| 1. **Date of Request:**
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| 1. **Name and position of requesting officer:**
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| 1. **Title of post for which a consultant is requested:**
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| 1. **Concerned GTAM Consultant Roster (micronutrient supplementation in emergencies, IYCF-E, CMAM, Integrated nutrition-specific and nutrition-sensitive interventions, Needs assessments and analysis for nutrition outcomes):**
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| 1. **Concerned Category, if known or applicable (guideline revision/development, cluster strategy, partner strategy, implementation and monitoring, SMART surveys, IYCF-E surveys, coverage assessments, qualitative assessments):**
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| 1. **Profile of post for which a consultant is requested (surge for L3, surge for L2, other surge need, preparedness, regular consultancy):**
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| 1. **Level of post for which a consultant is requested (junior, mid-level, senior or P2,P3,P4):**
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| 1. **Language of assignment:**
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| 1. **Requesting office:**
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| 1. **Duty station:**
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| 1. **Starting date of consultancy requested:**
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| 1. **Duration of consultancy requested:**
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| 1. **Will office space be provided?**
 | **Yes [ ]  No [ ]**  |
| 1. **Will the consultant work under the In-country employer’s security compliance and be included in its security arrangements?**
 | **Yes** **[ ]  No** **[ ]**  |
| 1. **Is the Terms of Reference attached to this request?**

 **(please send electronically)** | **Yes [ ]  No [ ]**  |
| 1. **Staff need justification:**
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| 1. **Security Level in duty station:**
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| 1. **Special medical requirements (vaccinations etc):**
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| 1. **R&R cycle at duty station (if applicable):**
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| 1. **Name, title and contact number (including phone and email) of In-country supervisor:**
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| 1. **Approval and signature by In-country employer Representative:**
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