# REQUEST FOR GTAM CONSULTANT ROSTERS

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| To : GTAM Consultant Rosters Manager  Global Technical Assistance Mechanism for Nutrition  gtamroster@unicef.org |  |
| |  |  | | --- | --- | | 1. **Date of Request:** |  | | 1. **Name and position of requesting officer:** |  | | 1. **Title of post for which a consultant is requested:** |  | | 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):** |  | | 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):** |  | | 1. **Profile of post for which a consultant is requested (surge for L3, surge for L2, other surge need, preparedness, regular consultancy):** |  | | 1. **Level of post for which a consultant is requested (junior, mid-level, senior or P2,P3,P4):** |  | | 1. **Language of assignment:** |  | | 1. **Requesting office:** |  | | 1. **Duty station:** |  | | 1. **Starting date of consultancy requested:** |  | | 1. **Duration of consultancy requested:** |  | | 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:** |  | | 1. **Security Level in duty station:** |  | | 1. **Special medical requirements (vaccinations etc):** |  | | 1. **R&R cycle at duty station (if applicable):** |  | | 1. **Name, title and contact number (including phone and email) of In-country supervisor:** |  | | 1. **Approval and signature by In-country employer Representative:** |  | |  |