

Expert Reviewer Panel (ERP) Application Form

Instructions for submitting an application:

- Complete all sections in this Application Form.
- Save this Application Form using the following format: first and last name and then 'Application'.
 (e.g. Mary Smith Application).
- Attach your CV and other supporting documents using the same format (e.g. Mary Smith CV).
- Send the completed Application Form, CV and supporting documents in one pack to <u>IAFERP@finance.nsw.gov.au</u>.
- Applicants must be individuals, not companies.

1. Personal information

Title	
First Name	
Last Name	
Position	
Agency / Department	
Company Name / Business Legal Name	
ABN	
Website	
Daily Rate (excluding GST)	
Phone Number	
Mobile Number	
Email Address	
Qualifications / Certifications (such as PRINCE2, PMBOK, MSP accredited, etc.)	
Professional Memberships	

2.	Sector Experie	ence (please put an 'X' next to all relevant options).					
	Accounting			☐ Justic	ce		
☐ Agriculture				☐ Law I	w Enforcement		
	☐ Architecture/□	Design		Lega	jal		
	☐ Arts/Entertain	ment		Local	cal Government		
	☐ Audit			☐ Marit	ime		
	☐ Banking/Finar	nce		Minin	g		
	☐ Construction			Powe	er Utilities		
	☐ Education/Tra	aining		Scier	nce & Technology		
	☐ Emergency S	ervices		Socia	al/Community Services		
	Engineering			Town	Planning		
	☐ Health		☐ Transport/Rail				
	Insurance	☐ Water and Sewerage			r and Sewerage		
3.	against all relevan		your ICT exper	ience by putti	ng an 'X' in low, medium or high		
ICT	Γ Experience	Low less than 2yrs practical experience	Medium 2 to 5yrs practical experience	High more than 5yrs practical experience	Comments		
	oud Services / livery						
Dig	gital						
Line of Business Applications (such as ERP, CRM, Case Management)							

Infrastructure

Telecommunications

Other – Please

indicate (eg Salesforce, SAP, Oracle, IBM, etc) **4. Project experience** (please provide details of your project management / delivery experience in three large (ETC at least \$10m) or complex (high profile or complex delivery) projects.

Project Name	Year(s) and Role(s)	Department or Agency / Business	Value of Project	Comment

5. (Gateway	review	experience:	
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5a.	How many gateway reviews have you done?
5b.	How many times have you acted as a gateway review team leader?
5c.	Below list the 10 most significant gateway reviews you have conducted and provide details.

Review Gate (Strategic Plan, Business Case, etc.)	Year and Role (Review Member or Review Team Leader)	Department / Agency	State	Project

6. Referees. P	lease provide the name and details of two most recent referees.
Referee 1	
Name	
Position	
Organisation	
Phone Number	
Email Address	
Referee 2	
Name	
Position	
Organisation	
Phone Number	
Email Address	
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