

Key Personnel Form

☐ Project Manager

☐ Site Superintendent

☐ Safety Coordinator

KEY PERSONNEL EXPERIENCE	
Respondent Name:	
Key Personnel Name:	
Years worked with Proponent	
Years worked on similar size, scope and complexity of reference Project	
Relevant Certifications and Training	
PROJECT EXPERIENCE	
Describe the team member's relevant experience in health care facilities and similar healthcare renovation projects:	
Projects where the team member has been directly involved:	
Key Personnel Role in the stated projects:	
Describe how relevant the experience of the team member gained in the past to the project's scope of work:	
Client Contact Name:	
Client Contact Information	Telephone E-mail

- END OF KEY PERSONNEL FORM -