# APPENDIX 3 – Previous Experience

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| **CONTRACT**  | **Name :** |
| Start Date - End Date |  |
| Client Name & address(Note: where name is confidential, please indicate nature / type of client and location).  |  |
| Client contact person: |  | Phone no.: |  |
| Details of relevant Solutions/Services provided  |  |
| Approx. Value€ |  |
| Please indicate the extent to which this project was comparable with reference to the range and scale of solutions/ services identified by the Contracting Authority’s Specification of Requirements, within a Healthcare environment or equivalent. |  |

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