**SCHEDULE 5 – Agency report on Service Provider performance**

**Agency letterhead is to be inserted HERE**

**(The Agency name, address and logo is to be clearly visible)**

Clause 27 of the Scheme Conditions provides that Agencies must, at the completion of any Agency Referral, submit a Performance Report for each engagement if:

1. the Service Provider has breached the Scheme Conditions;
2. performance of Services by the Service Provider is or has been unsatisfactory; and/or
3. a critical aspect of the performance of the Service Provider is or was unsatisfactory.

Agencies should follow all the steps outlined in clause 27 of the Scheme Conditions to ensure that they observe procedural fairness in the course of performance reporting.

Information on this requirement is outlined in the Scheme Guide for Agencies.

1. **PROJECT DETAILS**

|  |  |
| --- | --- |
| Service Provider’s business name: |  |
| Service Provider’s telephone number: |  |
| Description of Service provided: |  |
| Date Service commenced: |  |
| Date Service completed: |  |
| Total Fee for this service (including GST): | $  |

1. **EVALUATION**

| **Aspect of service which did not meet expectations** | **N/A** | **Unsatisfactory***Requirements were not met to a satisfactory level* | **Acceptable***Requirements were met to an acceptable standard* | **Good** *Requirements were met to a good standard* | **Description** |
| --- | --- | --- | --- | --- | --- |
|  | **Time Management**  |  |  |  |  | *e.g. unable to meet deadlines, resourcing, planning, reporting* |
|  | **Management & suitability of personnel**  |  |  |  |  | *e.g. inappropriately skilled or inexperienced.* |
|  | **Standard of service**  |  |  |  |  | *e.g. did not meet brief.*  |
|  | **Quality outcomes** |  |  |  |  | *e.g. medical assessment report did not address brief.*  |
|  | **Cost / value for money** |  |  |  |  | *e.g. actual cost exceeded the cost estimate without prior agreement* |
|  | **Communications** |  |  |  |  | *e.g. difficulty contacting or communicating with the Service Provider* |
|  | **Information Technology** |  |  |  |  | *e.g. IT used not appropriate or inadequate.* |
|  | **Other** |  |  |  |  | *Please describe* |

**ADDITIONAL COMMENTS**

< Provide additional comments on the Service Provider’s performance

1. **SIGN-OFF BY AGENCY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
| Title: |  | Date: |  |
| Telephone no.: |  | Mobile No: |  |
| E-mail: |  |