**Schedule 6: Referee Report**

**PREQUALIFICATION SCHEME: EMPLOYMENT RELATED MEDICAL SERVICES**

**Insert REFEREE’S LETTERHEAD HERE**  
*(The Referee’s Company Name, Address, ABN and Logo is to be clearly visible)*

##### REFEREE REPORT

1. Referee reports are used to validate experience in ‘Nominated capabilities’ by an Applicant for inclusion in the Prequalification Scheme: Employment Related Medical Services.
2. The Applicant is identified in ‘Part A. Engagement Details’.
3. This report must refer to an engagement/s provided or completed in **the last 18 months** for one or more of the Nominated Capabilities listed below.
4. Referee reports for **Tier One services must relate to medical assessments**.

The DFSI, the PSC and/or other Agencies may contact the Referee to verify or clarify aspects of this report.

**Section 1: To be completed by the Applicant**

The Applicant should:

* Indicate in the Nominated Capabilities table below only those capabilities that are relevant to the Referee
* Complete Part A below
* Forward this report to the Referee for completion.

**Nominated capabilities**

|  |  |
| --- | --- |
| **Tier 1 – Core Medical Assessment Services**  Employment Related Medical assessment  Administrative support to Medical Reviews  Medical certificate validation  Pre-employment and periodic health assessment | **Tier 2 Other Employment Related Medical Services**  ***(Select as appropriate)***  Functional capacity assessment and advice services  Vaccinations  Drug and alcohol testing  Employee health and wellbeing programs |

**PART A. ENGAGEMENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Business (Applicant) Name: |  | | |
| Contact person: |  | Phone: |  |
| Description of services provided: |  | | |
| Date service/s commenced: |  | | |
| Date service/s completed: |  | | |
| Indicative fee for service/s (inclusive GST): | $ | | |

**Section 2: To be completed by the referee**

* Please complete Parts B, C and D below.
* Engagements must have been provided or completed in **the last 18 months**.
* The report should relate to the Tier(s) of service nominated by the Applicant in Section 1 (that are relevant to the Referee) and may include more than one engagement.
* The reference can relate to the referee’s experience with the Applicant or its principal personnel.
* This Referee Report must be signed or it will not be considered to be a completed report.
* The Referee should send the completed report back to the Service Provider.

**PART B. REFEREE COMMENTS**

*Please comment on the Applicant’s performance in relation to the capabilities indicated by the Applicant Section 1 above)*

|  |  |
| --- | --- |
| **Nominated capabilities** | **Referee comments** |
| **Medical Assessment Services** |  |
| **Other Employment Related Medical Services** |  |

**PART C. GENERAL CRITERIA**

*Please place an ‘X’ against the applicable box*

| **How well did the Applicant meet your expectations against the following?** | | **N/A** | **Unsatisfactory**  *Requirements were not met to a satisfactory standard.* | **Acceptable**  *Requirements were met to an acceptable standard* | **Good**  *Requirements were met to a good standard* | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Time Management**  *e.g. meeting deadlines, resourcing, planning, reporting* |  |  |  |  |  |
|  | **Experience**  *e.g. skills, experience, appropriate seniority of personnel used* |  |  |  |  |  |
|  | **Standard of service**  *e.g. meeting service brief* |  |  |  |  |  |
|  | **Quality outcomes**  *e.g. quality of review required from initial assessment* |  |  |  |  |  |
|  | **Cost**  *e.g. actual cost did not exceed cost estimate without prior agreement* |  |  |  |  |  |
|  | **Value for money**  *e.g. services are good value for money* |  |  |  |  |  |
|  | **Communications**  *e.g. accessibility, contact and reporting* |  |  |  |  |  |
|  | **Would you recommend the Service Provider for similar type of work?** | **Yes ⏵** | | **No ⏵** | |  |

**PART D. SIGNED BY REFEREE** *(e.g. General Manager, Director, Senior Project Manager)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
| Title: |  | Date: |  |
| Tel No: |  | Mobile No: |  |
| E-mail: |  | | |