**Prequalified Service Provider Performance Report**

**PREQUALIFICATION SCHEME SCM4721: SA NSW INDEPENDENT ASSESSMENT SERVICES**

Under the Scheme Conditions, all engaging agencies are required to submit a Service Provider Performance Report for each engagement of Services.

The reports are due at the completion date of the engagement or whenever a critical aspect of performance is unsatisfactory. For further guidance on the requirement, agencies can refer to the Guidelines for Agencies.

**ENGAGEMENT DETAILS**

|  |  |
| --- | --- |
| **Service Provider’s Name:**  |  |
| **Service Provider’s Contact Person:**  |  | **Phone:**  |  |
| **Purchase Order Number:** |  |  |
| **Engagement / Project No.:** **File and Claim No.:** |  |
| **Engagement / Project Name:**  |  |
| **Engagement Description:**  |  |
| **Date Engagement Commenced:**  |  |
| **Date Engagement Completed:**  |  |
| **Total Fee for this engagement (including GST):**  | **$**  |

Definition and Relative Weighting of Gradings

|  |  |  |
| --- | --- | --- |
| **Grading** | **Definition** | **Rating\*** |
| Superior | Standard well above the acceptable standard of performance | 10 |
| Good | Standard often exceeds the acceptable standard of performance | 7 |
| Acceptable | Meets the acceptable standard of performance | 5 |
| Marginal | Mostly meets the acceptable standard of performance but has some weakness. | 3 |
| Unsatisfactory | Well below the acceptable standard of performance | 0 |
| N/A | Not applicable | N/A |

**ASSESSMENT**

|  |  |  |
| --- | --- | --- |
| **As the client who paid for this service, how well did the SERVICE PROVIDER meet your expectations?**  | **Rating**(0 = Unsatisfactory, 10 = Superior) | **Comments** |
| 1. **Time Management**e.g. meeting milestones, resourcing, planning, reporting  | Choose an item. |  |
| 2. **Management & suitability of personnel** e.g. skills, experience, sufficient number, appropriate seniority used, management of sub-consultants/subcontractors and other suppliers | Choose an item. |  |
| 3. **Standard of Service**e.g. meeting brief, budget, value for money, no rework, supervision, no over servicing or under servicing  | Choose an item. |  |
| 4. **Quality Outcomes** e.g. accuracy, usability and effectiveness of results  | Choose an item. |  |
| 5. **Cost** e.g.actual cost did not exceed cost estimate without prior agreement  | Choose an item. |  |
| 6. **Communications** e.g. appropriate level of reporting  | Choose an item. |  |
| 7. **Information Technology** e.g. IT used where appropriate to increase efficiency and reduce costs  | Choose an item. |  |
| 8. **Cooperative Relationships** e.g. Cooperative approach, commitment, resolving issues  | Choose an item. |  |
| 9. **Recommendation for Future Work** Would you recommend the Service Provider for similar type of work? | Choose an item. |

**Additional Comments on the Service Provider’s performance**