**Prequalification Scheme: Subsidence Advisory NSW Independent Assessment**

**Feedback Form for Service Providers – email to**

[**subsidencefeedback@customerservice.nsw.gov.au**](mailto:subsidencefeedback@customerservice.nsw.gov.au)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **<Poor - Good - Excellent>** | | | | | | | | | |
| **1.** How do you rate the following aspects of the Scheme: |
| 1. Clarity of Scheme Guidelines and documentation. | **1** | | **2** | | | **3** | | **4** | | **5** |
| 1. Application process | **1** | | **2** | | | **3** | | **4** | | **5** |
| 1. Timeliness of processing applications and notification of outcome. | **1** | | **2** | | | **3** | | **4** | | **5** |
| 1. Adequacy of [supplier scheme training documentation](https://www.procurepoint.nsw.gov.au/support-and-self-help/training/nsw-equote) to: register and apply for prequalification scheme, updating your company details, updating your company insurance details, responding to invitations to quote | **1** | | **2** | | | **3** | | **4** | | **5** |
| 1. Responding to an invitation to quote or RFx | **1** | | **2** | | | **3** | | **4** | | **5** |
| 1. Clarification and resolution of any issues raised. | **1** | | **2** | | | **3** | | **4** | | **5** |
| **2.** How do you rate the overall benefits provided to your organisation from being prequalified under the Scheme. | **1** | | **2** | | | **3** | | **4** | | **5** |
| **3.** How do you rate the efficiency in the tendering process from being prequalified under the Scheme. | **1** | | **2** | | | **3** | | **4** | | **5** |
| **4.** Do you think that using the Scheme has saved you time in the procurement process:  **Yes / No.**  **Comments:** | | | | | | | | | | |
| **5.** Will you retain and continue your prequalification under the Scheme: **Yes / No.**  **Comments:** | | | | | | | | | | |
| **6.** How do you think the Scheme process can be further improved?  **Comments:** | | | | | | | | | | |
| **7.** Overall, how would you rate the operations of the Scheme? | | **1** | | **2** | **3** | | **4** | | **5** | |
| **Service Provider Organisation:**  **Contact Name :**  **Date: :** | | | | | | | | | | |