SUPPLIER PERFORMANCE REPORT

CONTINGENT WORKFORCE PREQUALIFICATION SCHEME

Under the Scheme Rules, all engaging Agencies are required to submit a Supplier Performance Report for each engagement where the performance of, and the Services provided by, the Supplier are considered by the Customer to be **unsatisfactory**.

The reports are due at the completion date of the engagement or whenever a critical aspect of performance is unsatisfactory.

Agencies can also submit a Supplier Performance Report for each engagement where the performance of, and the Services provided by, the Supplier are considered by the Customer to be satisfactory.

Agencies can provide the performance information by submitting this report NSW Treasury via email to [contingentlabour@treasury.nsw.gov.au](mailto:contingentlabour@treasury.nsw.gov.au)

*PROJECT DETAILS*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supplier Name: | |  | | | | | | | | | |
| Supplier’s Contact Person: | |  | | | | Phone: | |  | | | |
| Engagement / Project No.: | |  | | | | | | | | | |
| Engagement / Project Name: | |  | | | | | | | | | |
| Engagement Description: | |  | | | | | | | | | |
| Engagement Commencement Date: | |  | | | | | | | | | |
| Engagement Completion Date: | |  | | | | | | | | | |
| Contingent Worker(s) Name: | |  | | | | | | | | | |
| **As the customer who paid for this service, how well did the SUPPLIER (not the Contingent Worker) meet your expectations?** | | | **N/A** | **Unsatisfactory** | **Marginal** | | **Acceptable** | | **Good** | **Superior** | |
|  | Co-operative Relations | |  |  |  | |  | |  |  | |
|  | Environmental Management | |  |  |  | |  | |  |  | |
|  | Quality Management Systems | |  |  |  | |  | |  |  | |
|  | Standard of Work | |  |  |  | |  | |  |  | |
|  | Sub-Vendor Management | | N/A |  |  | |  | |  |  | |
|  | Time Management | |  |  |  | |  | |  |  | |
|  | Value for Money | |  |  |  | |  | |  |  | |
|  | Supplier’s Personnel | |  |  |  | |  | |  |  | |
|  | **Recommendation for Future Work**  Would you recommend the Supplier for similar type of work? | | **Yes / No** | |  | |  | |  |  | |
| *<Additional comments may be extended on next page >* | | | | | | | | | | |

**SIGN-OFF BY CUSTOMER**

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