**Performance Report Template**

**Prequalified Service Provider Performance Report**

**PROJECT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Supplier’s Organisation Name: |  |  | |
| Supplier’s Contact Person: |  | Phone: |  |
| RFT No.: |  |  | |
| Engagement / Project No.: |  |  | |
| Engagement / Project Name: |  |  | |
| Engagement Description: |  |  | |
| Date Engagement Commenced: |  |  | |
| Date Engagement Completed: |  |  | |
| Total Fee for this engagement (excluding GST): | **$** |  | |

**ASSESSMENT**

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

**Additional Comments on the Supplier’s performance**

*< comments may be extended on next page >*

**2.4: SIGNATURE (by Referee) e.g. General Manager, Director, Senior Project Manager**

**\*Please Note:** Referee Reports must be signed and dated or will not be considered.

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

**Please email completed form to:** [ICTServices@customerservice.nsw.gov.au](mailto:ICTServices@customerservice.nsw.gov.au)