**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