



Third Party Services - Evaluation

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|------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|-----|--------------------------|
| Supplier Qualifications (if expert)..... | | Counsel <input type="checkbox"/> | Expert <input type="checkbox"/> | Agent <input type="checkbox"/> | | | | | | | | | |
| Contact details: (In full if new – item to be amended only if a review) Add: Tel: | | Date of work done..... Fee earner File name..... UFN..... Offence..... | | | | | | | | | | | |
| NEW? <input type="checkbox"/> | | REVIEW? <input type="checkbox"/> | | | | | | | | | | | |
| How was it performed? Complete as appropriate | | | | | | | | | | | | | |
| Quality of report | | *1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Speed of response | | *1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Manner / Empathy with client | | *1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Value for money | | *1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Performance in court / conference | | *1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Comments: | | | | | | | | | | | | | |
| Cost: | Per hour £ | Travel £ | Total £ | | | | | | | | | | |
| Should supplier be entered / remain on the list? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Any follow up action required by Quality Manager? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | |
| Signed | | Date passed to QM | | | | | | | | | | | |
| QM signed | | Date cleared | | | | | | | | | | | |

* 1 = Poor 5 = Excellent