|  |  |
| --- | --- |
| **Expert Evaluation Form** |  |

**Details of provider**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
|  |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |
| Fax: |  |
| Type of expert: |  |

**Assessment against selection criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Criteria met** *please tick* | | |
|  | **Yes** | **No** | **N/A** |
| Acceptable previous performance of instructions |  |  |  |
| Acceptable speed of response |  |  |  |
| Appropriate client manner |  |  |  |
| Strong advocacy skills |  |  |  |
| Acceptable report preparation |  |  |  |
| Reasonable cost |  |  |  |
| Flexibility to instructions |  |  |  |
| **Additional comments** *please limit comments to objective statements to avoid defamation* | | | |
|  | | | |

**Recommendation**

|  |  |  |
| --- | --- | --- |
| *please tick one box* | **Grade** | |
|  | **A** | (approved) |
|  | **B** | (subject to assessment) |
|  | **C** | (do not instruct) |

**Approved**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |