**PARTNERSHIP** Review

|  |  |
| --- | --- |
| PARTNERSHIP NAME: | Date: |
| PARTNERING ORGANISATION: | NAME OF PERSON COMPLETING REVIEW: |

PURPOSE OF THE PARTNERSHIP:

# SHARED GOAL –

DO YOU BELIEVE THERE IS A CLEAR, SHARED AND REALISTIC GOAL FOR THIS PARTNERSHIP?

# COMMUNICATION –

DO YOU BELIEVE THERE IS EFFECTIVE COMMUNICATION BETWEEN PARTNERS?

**1**

**2**

**3**

**4**

**5**

**1**

**2**

**3**

**4**

**5**

Please tick (1 low to 5 high) Please tick (1 low to 5 high)

1. HAVE YOUR FOUND YOUR INVOLVEMENT IN THIS PARTNERSHIP TO BE A PRODUCTIVE ONE? PROVIDE EXAMPLES OF HOW THIS PARTNERSHIP HAS COMPLEMENTED YOUR ORGANISATION’S FOCUS, EXISTING PROGRAMS OR AREAS OF INTEREST?
2. WOULD YOU LIKE TO CONTINUE THIS PARTNERSHIP? **YES / NO**

ARE ANY CHANGES REQUIRED FOR THE MOU? **YES / NO**

COMMENTS:

1. PROVIDE ANY SUGGESTIONS YOU MAY HAVE REGARDING IMPROVEMENTS FOR THIS PARTNERSHIP.

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1. ANY OTHER COMMENTS?

Thank you for your time to complete this review. Please email completed review to: *(add email address)*