

PARTNERSHIP *Review*

PARTNERSHIP NAME: DATE: / / 20.....

PARTNERING ORGANISATION: NAME OF PERSON COMPLETING REVIEW:

PURPOSE OF THE PARTNERSHIP:

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

1 2 3 4 5

Please tick (1 low to 5 high)

2. **COMMUNICATION –**
DO YOU BELIEVE THERE IS EFFECTIVE COMMUNICATION BETWEEN PARTNERS?

1 2 3 4 5

Please tick (1 low to 5 high)

3. HAVE YOU 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?

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4. WOULD YOU LIKE TO CONTINUE THIS PARTNERSHIP? **YES / NO**

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

COMMENTS

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

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6. ANY OTHER COMMENTS?

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