# PEO form – Audit evaluation form

Version 9

March 2024

**Principal employer organisation:**

**Your name:**

**Job title:**

**Telephone:**  **Facsimile:**

**Email:**

**Signature:**   **Date:**       /     /

**Audit organisation:**

**Auditor(s):**

**Audit dates:** Commenced:      /     /      Completed:      /     /

**1.** **Was the audit undertaken within an appropriate timeframe?** [ ] Yes [ ] No

**2**. **How would you rate the audit process?**

[ 5 ] Excellent [ 4 ] Good [ 3 ] Fair [ 2 ] Poor [ 1 ] Very poor

**3. How would you describe the audit process? (choose at least ONE but tick all that apply):**

[ ] Helpful [ ] Supportive

[ ] Professional [ ] Informative

[ ] Thorough [ ] Objective

[ ] Constructive [ ] Friendly

[ ] Clear [ ] Other:

**4. How would you rate the auditor’s conduct?**

[ 5 ] Excellent [ 4 ] Good [ 3 ] Fair [ 2 ] Poor [ 1 ] Very poor

**5. How would you describe the auditor’s conduct? (choose at least ONE but tick all that apply):**

[ ] Helpful [ ] Informative

[ ] Professional [ ] Objective

[ ] Thorough [ ] Friendly

[ ] Constructive [ ] Other:

[ ] Supportive

**6. How would you rate the technical adviser’s conduct?**

[ 5 ] Excellent [ 4 ] Good [ 3 ] Fair [ 2 ] Poor [ 1 ] Very poor

**7. How would you describe the technical adviser’s conduct?**

**(choose at least ONE but tick all that apply):**

[ ] Helpful [ ] Informative

[ ] Professional [ ] Objective

[ ] Thorough [ ] Friendly

[ ] Constructive [ ] Other:

[ ] Supportive

**8. Comments and suggestions:**

Thank you for providing this feedback. Your opinions are important for our continuous improvement process.

Please return this form to:

Senior Program Officer

Stakeholder and Industry Relations Unit

Department of Employment, Small Business and Training

PO Box 15483

CITY EAST QLD 4001

Email: [SIRT@desbt.qld.gov.au](mailto:SIRT@desbt.qld.gov.au)