Twinning – Annual Performance Assessment Form

This form shall be completed by each partner involved in a twinning arrangement and submitted to the responsible ISO Central Secretariat (ISO/CS) Technical Programme Manager (TPM) once per year in accordance with [TMB Resolution 23/2018](https://isotc.iso.org/livelink/livelink/fetch/-15620806/15620808/15624157/15732675/15740441/15741331/19569039/TMB_Resolution_23-2018.htm?nodeid=19569731&vernum=4).

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| **TC/SC or WG**  Click here to enter text. | | |
| **ISO member body**  Click here to enter text. | | |
| **Are you the Lead partner?** | **Are you the Twinned partner?** | |
| **ISO/CS TPM to which this Annual Performance Assessment Form will be submitted**  Click here to enter text. | | |
| **Type of twinning arrangement**  Secretariat  Chair  Convenor  P-member | | |
| **Twinning arrangement in place since** (month/year)  Click here to enter a date. | | |
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| **Is the twinning arrangement achieving its objectives as set in the Twinning collaboration plan\*?**  No (if no, please provide details below)  Yes  Click here to enter text.  \* For those twinning arrangements that have started after June 2018 when it became mandatory to fill in a Twinning collaboration plan. | | |
| **Do the twinning partners recommend corrective measures in relation to the twinning arrangement?**  No  Yes (if yes, please provide details below)  Click here to enter text. | | |
| **Do the twinning partners wish to continue with the twinning arrangement?**  No  Yes (if yes, please provide details below)  Click here to enter text. | | |
| **Name and signature committee secretariat**  Click here to enter text. | | **Date**  Click here to enter a date. |

TPM Assessment

This part shall be completed by the responsible ISO Central Secretariat (ISO/CS) Technical Programme Manager (TPM) for the twinning arrangement in question:

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| **ISO/CS TPM**  Click here to enter text. |
| **Is the twinning arrangement achieving its objectives as set in the Twinning collaboration plan?**  No (if no, please provide details below)  Yes  Click here to enter text. |
| **If it is not achieving its objectives, do you recommend corrective measures in relation to the twinning arrangement?**  No  Yes (if yes, please provide details below)  Click here to enter text. |

P-member Assessment

This part shall be completed by the responsible ISO Central Secretariat (ISO/CS) Technical Programme Manager (TPM) based on the feedback from the post-meeting feedback survey for the twinning arrangement in question:

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| **What is the general feedback on the twinning arrangement; is it positive or negative? I.e. is the arrangement achieving its objectives as set in the Twinning collaboration plan?**  No (if no, please provide details below)  Yes  Click here to enter text. |

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| **Name and signature of ISO/CS TPM**  Click here to enter text. | **Date**  Click here to enter a date. |