Feedback on the Inter-Agency Trust Maturity Model

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| **Jurisdiction Name** |  |
| **Appointment of facilitator** | Y/N |
| **Number of staff in the self-assessment group with management responsibility within the administration**  |  |
| **Involvement of official(s) from other areas of the administration** | Y/N (please comment) |
| **Appropriate distribution of grades**  | Y/N (please comment) |
| **Estimated time taken in hours to complete the self-assessment** |  |
| Q1. Are there some of the indicative attributes or descriptors which you feel are misplaced or wrong, or are important attributes that you think are missing?  |
| Q2. Are there areas where you think there is a lack of clarity as regards the difference between adjacent maturity levels? |
| Q3. Are there areas where you think the language is unclear or ambiguous? |