

Framework Schedule 6 (Order Form Template and Call-Off Schedules)
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RM6187 Framework Schedule 6 (Order Form and Call-Off Schedules)

Order Form

CALL-OFF REFERENCE: **C104742**

THE BUYER:



BUYER ADDRESS Health Education England, Blenheim House, Duncombe Street, Leeds, LS1 4PL

THE SUPPLIER: Tricordant Ltd

SUPPLIER ADDRESS: 16 Mill Hill Wood Way, Ibstock, Leicestershire, LE67 6QB

REGISTRATION NUMBER: 05365159

DUNS NUMBER: **N/A**

SID4GOV ID: **N/A**

CALL-OFF LOT(S):

Call-off incorporated terms

The following documents are incorporated into this Call-Off Contract.

Where schedules are missing, those schedules are not part of the agreement and cannot be used. If the documents conflict, the following order of precedence applies:

1. This Order Form includes the Call-Off Special Terms and Call-Off Special Schedules.
2. Joint Schedule 1(Definitions and Interpretation) RM6187
3. The following Schedules in equal order of precedence:

Joint Schedules for RM6187 Management Consultancy Framework Three

- Joint Schedule 1 (Definitions) - Mandatory
- Joint Schedule 2 (Variation Form) - Mandatory
- Joint Schedule 3 (Insurance Requirements) - Mandatory
- Joint Schedule 4 (Commercially Sensitive Information) - Mandatory
- Joint Schedule 6 (Key Subcontractors) - Optional
- Joint Schedule 7 (Financial Difficulties)- Optional
- Joint Schedule 8 (Guarantee) - Optional

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- Joint Schedule 9 (Minimum Standards of Reliability) - Optional
- Joint Schedule 10 (Rectification Plan) - Mandatory
- Joint Schedule 11 (Processing Data) - Mandatory

4. CCS Core Terms
5. Joint Schedule 5 (Corporate Social Responsibility) - Mandatory
6. Call-Off Schedule 4 (Call-Off Tender) as long as any parts of the Call-Off Tender that offer a better commercial position for the Buyer (as decided by the Buyer) take precedence over the documents above.

Supplier terms are not part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

Call-off special terms

Specification: Development and Delivery of a Virtual Group Personal Development Education and Training Programme for HCPC Returners on the Health Education England Return to Practice Programme

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The following Special Terms are incorporated into this Call-Off Contract:

Special Term 1 - The Buyer is only liable to reimburse the Supplier for any expense or any disbursement which is

- (i) specified in this Contract or*
- (ii) which the Buyer has Approved prior to the Supplier incurring that expense or that disbursement. The Supplier may not invoice the Buyer for any other expenses or any other disbursements*

Call-off start date: 1st December 2022

Call-off expiry date: 31st March 2024

Call-off initial period: Three (3) months

Payment method

Monthly payment method(s)

Buyer's invoice address

Health Education England
T73 Payables **ASA320**
Phoenix House
Topcliffe Lane
Tingley
Wakefield
WF3 1WE

Buyer's authorised representative

[Redacted]

Return to Practice National Programme Lead

XXXXX

Blenheim House, Duncombe Street, Leeds, LS1 4PL

Supplier's authorised representative

[Redacted]

Commercial Director

[Redacted]

16 Mill Hill Wood Way, Ibstock, Leicestershire, LE67 6QB

Supplier's contract manager

[Redacted]

Commercial Director

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Social value commitment

The Supplier agrees, in providing the Deliverables and performing its obligations under the Call-Off Contract, that it will comply with the social value commitments in Call-Off Schedule 4 (Call-Off Tender)]

Formation of call off contract

By signing and returning this Call-Off Order Form the Supplier agrees to enter a Call-Off Contract with the Buyer to provide the Services in accordance with the Call-Off Order Form and the Call-Off Terms.

The Parties hereby acknowledge and agree that they have read the Call-Off Order Form and the Call-Off Terms and by signing below agree to be bound by this Call-Off Contract.

For and on behalf of the Supplier:



Signature:

Name:

Role:

Full Name:

Date:

Job Title/Role: Director

Date Signed:

For and on behalf of the Buyer:



Signature:

Name:

Role:

Full Name:

Date:

Job Title/Role: Return to Practice Programme Delivery Manager

Date Signed: 25.01.23

[Buyer guidance : execution by seal / deed where required by the Buyer].