



HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1 : CLIENT INFORMATION

HEALTH AND SAFETY EXECUTIVE CUSTOMER	
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	(timesheet authorisation, as above unless stated otherwise)
HSE CONTRACT REF NO.	1.11.3.3677

CONTRACTOR	Roc Search
SERVICE ADDRESS	3 Hardman Street Manchester M3 3HF
ACCOUNT MANAGER	

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	Inspection
JOB ROLE / TITLE	Covid Spot Checks
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	Undertaking proactive compliance spot checks in relation to business compliance with COVID 19 requirements to provide reassurance that employers are implementing appropriate arrangements to protect employees and members of the public (where appropriate).
DELIVERABLES	
IR35 ASSESSMENT	Inside IR 35
COMMENCEMENT DATE	03 August 2020
END DATE	31 March 2021 – A maximum of 170 days ¹ , unless otherwise agreed in writing between both parties.
TERMINATION	A Termination Notice Period of one (1) weeks is applicable to this assignment, unless otherwise agreed in writing between both parties.

¹ Please note: Maximum No. of Days will be dependent on the individuals working pattern

PART 3 : FEES / CHARGES

i) DAILY CHARGE RATE APPLICABLE

<u>Date From</u>	<u>To</u>	<u>No Days</u>	<u>Candidate Daily Rate</u>	<u>Daily Agency Fee</u>	<u>Total Daily Fee</u>
3/08/2020	31/03/2021	170	£230.00	£40.59	£270.59
					Total charge £46,000.30 ²

ii) TRAVEL AND SUBSISTENCE

Where appropriate, HSE will pay actual and reasonable Travel and Subsistence costs to the contracted Interim Personnel, subject to the prior approval of their HSE Line Manager and in line with the following HSE Standard Travel and Subsistence rates.



Travel and
Subsistence Rates.doc

PART 4 : INVOICING & PAYMENTS

All invoices raised must include the relevant Purchase Order number. Failure to include the Purchase Order Number may delay payment. In all cases invoices should be submitted to the following address :

INVOICING ADDRESS (electronic only)	APinvoices-HAS-U@gov.sscl.com
PURCHASE ORDER NO. (to be quoted on all invoices)	To be advised

² Please Note: Rates of pay will be Pro Rata dependent on hours worked.

PART 5 : SIGNATORIES

By signing and returning this Order Form the Contractor agrees to enter into a legally binding contract with HSE to provide the services under the terms of the Form of Agreement and specified in the Order Form.

IN WITNESS WHEREOF THIS CONTRACT HAS BEEN AGREED:

Signature

Name in Capitals

Position

Date

Duly authorised to sign on behalf of

ROC SEARCH

3 Hardman Street, Manchester, M3 3HF

Signature

Name in Capitals

Position

Date

Duly authorised to sign on behalf of the

HEALTH AND SAFETY EXECUTIVE

2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS