

Order Form THE SUPPLY OF NON CLINICAL TEMPORARY AND FIXED TERM STAFF FRAMEWORK CONTRACT: RM6160

CLIENT NAME:	Secretary of State for Health and Social Care, acting as part of the Crown		
CLIENT ADDRESS:	Department of Health & Social Care 39 Victoria Street London SW1H 0EU		
INVOICE ADDRESS (if different)			
CONTACT REFERENCE			
ORDER NUMBER			
SUPPLIER	MLC PARTNERS LTD		
SUPPLIER'S ADDRESS			
ACCOUNT MANAGER			
PART 1: SERVICE REQUIREMENT			
PART 1.1: SERVICE AND DELIVERABLES REQ	UIRED: Temporary Worker Requirements:		
RM6160 LOT:	2		
NUMBER OF ROLES REQUIRED:	1		
JOB ROLE/TITLE:	Business Manager		
AGENDA FOR CHANGE PAY BAND:	N/A		
HOURS/DAYS REQUIRED:			
ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL) [OUTSIDE 8AM TO 6PM MON TO FRIDAY]			
ARE THERE ANY HEALTH AND SAFETY RISKS RELEVANT TO ROLE?			
FEE TYPE:	 Patient Facing Non-Patient Facing (Disclosure) Non-Patient Facing (No Disclosure) 		
IMMUNISATION REQUIREMENTS (FEE TYPE 1 ONLY)	N/A		



CRIMINAL RECORDS CHECK	Completed				
HIGH COST AREA SUPPLEMENT?	1. None				
	 London London Fringe 				
REGULATED OR CONTROLLED ACTIVITY (ISA)?	Ü				
SKILLS, MANDATORY & OTHER TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:					
PERSON AND DEPT TO WHOM WORK- SEEKER SHOULD REPORT AT START:					
EXPENSES TO BE PAID OR BENEFITS OFFERED TO CANDIDATE:					
EXPENSES TO BE PAID BY CANDIDATE:					
ADDITIONAL REQUIREMENTS:					
PART 1.2: ANCIPATED DURATION OF CONTRA	ACT				
COMMENCEMENT DATE:	1 st April 2023				
ANTICIPATED END DATE:	31 st March 2024				
NOTICE PERIOD:					
PART 1.3: MILESTONES AND KEY DELIVERABLES & additional notes					
PART 1.4: CHARGES PAYABLE BY CONTRACTING AUTHORITY (INCLUDING ANY APPLICABLE DISCOUNT AND METHOD OF PAYMENT E.G. GOVERNMENT PROCUREMENT CARD OR BACS):					
TOTAL CHARGE:					
TOTAL CHARGE.					
CANDIDATE NAME:					
CANDIDATE EMAIL ADDRESS:					



BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES to enter a legally binding contract with the Contracting Authority to provide to the Contracting Authority the Services specified in the Service Order Requirements set out in this Order Form [(together with where completed and applicable, the further-competition order (additional requirements)] incorporating the rights and obligations in the Call-Off Terms and Conditions set out in the Framework Contract between the Supplier and the Authority.

FOR AN	ID ON BEHALF OF THE SUPF	LIER:				
	NAME:					
	TITLE:					
	SIGNATURE:					
	DATE:					
FOR AND ON BEHALF OF THE CONTRACTING AUTHORITY:						
	NAME:					
	TITLE:					
	SIGNATURE:					
	DATE:	13/3/2	3			