

Crown Commercial Service

**Template Call Off Form and Template Call Off Terms for The Supply of Non Medical
Non Clinical (NMNC) temporary and fixed term staff**

ORDER FORM AND CALL OFF TERMS

PART 1 – ORDER FORM

**THE SUPPLY OF NON MEDICAL NON CLINICAL (NMNC) TEMPORARY
AND FIXED TERM STAFF FRAMEWORK AGREEMENT: RM971**

FROM:

CUSTOMER	Cabinet Office
SERVICE ADDRESS	1 Horse Guards Road, London, SW1A 2HQ And Priestley House, Priestley Rd, Basingstoke RG24 9NW
INVOICE ADDRESS(if different)	1 Horse Guards Road, London, SW1A 2HQ
CONTACT REFERENCE	Authoriser Name: REDACTED Tel: REDACTED e-mail: REDACTED
ORDER NUMBER	CCHR17A95
ORDER DATE	03/04/17

TO:

SERVICE PROVIDER	Hays Specialist Recruitment Ltd.
SERVICE PROVIDER'S ADDRESS	REDACTED
ACCOUNT MANAGER	Name: REDACTED Address: REDACTED Tel: REDACTED E-mail: REDACTED
PART 1: SERVICE REQUIREMENT	
PART 1.1: SERVICE AND DELIVERABLES REQUIRED: Temporary Worker Requirements:	
RM971 LOT:	Lot 4 - Corporate Functions Supply
NUMBER OF ROLES REQUIRED:	1
JOB ROLE/TITLE:	Finance Accountant
AGENDA FOR CHANGE PAY BAND:	7
AGENDA FOR CHANGE PAY POINT: (LOWEST WITHIN AFC PAY BAND UNLESS STATED)	34
HOURS/DAYS REQUIRED:	36 hours per week.

ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL) [OUTSIDE 8AM TO 6PM MON TO FRIDAY]	No	
FEE TYPE:	3. Non-Patient Facing (No Disclosure)	
IMMUNISATION REQUIREMENTS (FEE TYPE 1 ONLY)	N/A	
DBS REQUIRED (FEE TYPE 1 AND 2 ONLY)	1. Enhanced	
HIGH COST AREA SUPPLEMENT?	Inner London	
REGULATED OR CONTROLLED ACTIVITY (ISA)?	Please complete	
SKILLS, TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:	Basic accounting/experience of CO and finance department.	
PERSON AND DEPT TO WHOM WORK-SEEKER SHOULD REPORT AT START:	REDACTED	
POST CODE OF LOCATION WITH REQUIREMENT:	SW1A 2HQ And RG24 9NW	
RM971 LOT:	Lot 4 - Corporate Functions Supply	
NUMBER OF ROLES REQUIRED:	1	
JOB ROLE/TITLE:	Finance Accountant	
AGENDA FOR CHANGE PAY BAND:	7	
ADDITIONAL REQUIREMENTS:	None stipulated by the customer	
PART 1.2: ANTICIPATED DURATION OF CONTRACT		
COMMENCEMENT DATE:	3 rd April 2017	
ANTICIPATED END DATE:	3 rd October 2017	
TEMPORARY / FIXED TERM ASSIGNMENT:	Fixed term on Service Provider's Payroll	
PART 1.3: MILESTONES AND KEY DELIVERABLES		
None stipulated by the customer		
PART 1.4: CHARGES PAYABLE BY CUSTOMER (INCLUDING ANY APPLICABLE DISCOUNT AND METHOD OF PAYMENT E.G. GOVERNMENT PROCUREMENT CARD OR BACS):		
None stipulated by the customer		
	Pre-AWR	Post-AWR
Pay to Worker(s)	£ REDACTED	£ REDACTED
Total Charge	£ REDACTED	£ REDACTED
DISCOUNTS APPLICABLE:	None stipulated by the customer	
PART 1.5: ACCEPTANCE PRIOR TO PAYMENT		
None stipulated by the customer		
PART 2: CUSTOMER CONTRACTUAL REQUIREMENTS		
None stipulated by the customer		
PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS		
<i>This Part 3 must only be used if a further competition is being used to select the Service Provider. Completion of this section for direct ordering is in breach of the Public Contracts Regulation 2006</i>		
PART 3.1: SUPPLEMENTAL REQUIREMENTS IN ADDITION TO	N/A – Direct Award	

CALL-OFF TERMS AND CONDITIONS:	
PART 3.2: VARIATIONS TO CALL-OFF TERMS AND CONDITIONS:	
PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES	
PART 4.1: KEY PERSONNEL OF THE SERVICE PROVIDER TO BE INVOLVED IN THE SERVICES AND DELIVERABLES:	
PART 4.2: SUB-CONTRACTORS TO BE INVOLVED IN THE SERVICES AND DELIVERABLES:	
PART 5: CONFIDENTIAL INFORMATION	
PART 5.1: THE FOLLOWING INFORMATION SHALL BE DEEMED COMMERCIALY SENSITIVE INFORMATION OR CONFIDENTIAL INFORMATION:	

BY SIGNING AND RETURNING THIS ORDER FORM THE SERVICE PROVIDER AGREES to enter a legally binding contract with the Customer to provide to the Customer 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 Agreement between the Service Provider and the Minister for the Cabinet Office.

FOR AND ON BEHALF OF THE SERVICE PROVIDER:

NAME:	
TITLE:	
SIGNITURE:	
DATE:	

FOR AND ON BEHALF OF THE CUSTOMER:

NAME:	
TITLE:	
SIGNITURE:	
DATE:	