




HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1 : CLIENT INFORMATION

CUSTOMER	HEALTH AND SAFETY EXECUTIVE
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	(timesheet authorisation, as above unless stated otherwise)
HSE CONTRACT REF NO.	1.11.4.3699.

CONTRACTOR	Hays IT
SERVICE ADDRESS	5th Floor City Tower Manchester M1 4BT
ACCOUNT MANAGER	

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	OSD
JOB ROLE / TITLE	Senior Service Designer
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	<ol style="list-style-type: none"> 1. Lead the development of a blue-print for a number of complex, inter-dependent and inter-related services, that will meet user's needs and business objectives. 2. Engage with business, digital, technical and business improvement teams to develop the roadmap for the future service design, development and implementation. 3. Ensure a coherent, consistent and compelling experience for external and internal service users, across the end-to-end and front-to-back customer journeys, and identify opportunities to interface with the rest of government. 4. Collaborate with user researchers (UR) to agree key research activities that will inform service design and to prioritise customer needs using storyboards, journey maps and other tools.
IR35 ASSESSMENT	 IR35 Result.pdf
COMMENCEMENT DATE	01 September 2020
END DATE	20 November 2020
TERMINATION	A Termination Notice Period of one (1) weeks is applicable to this assignment, unless otherwise agreed in writing between both parties.

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>
01/09/2020	20/11/2020	59	£550	£90	£640
	TOTAL		£32,450	£5,310	£37,760

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

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

HAYS IT

5th Floor, City Tower, Manchester M1 4BT

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