

Workforce Alliance

Collaborating for a Sustainable Workforce

National Framework for the Provision of Clinical and Healthcare Staffing

Annex 1: Order Form

FROM:

CONTRACTING AUTHORITY	Secretary of State for Health and Social Care acting as part of the crown.
CONTRACTING AUTHORITY ADDRESS	39 Victoria Street; London; SW1H 0EU
INVOICE ADDRESS (if different)	[REDACTED]
CONTRACTING AUTHORITY AUTHORISER NAME	e-mail: [REDACTED]
ORDER NUMBER	
ORDER DATE	
COMMENCEMENT DATE	01/01/2025
ANTICIPATED END DATE	31/03/2025

SUPPLIER	HCRG
SUPPLIER'S ADDRESS	33 Soho Square, London, W1D 3QU
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:	
LOT: (If Lots 1-5, please indicate if Master Vendor)	
NUMBER OF ROLES REQUIRED:	1
NUMBER OF CVS REQUIRED:	N/A
JOB ROLE/TITLE:	Senior Pharmacist
PAY BAND/GRADE:	[REDACTED]
HOURS/DAYS REQUIRED:	Full time 5 days a week (Mon-Fri).
ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL)	N/A



RELEVANT RISK ASSESSMENT/SAFEGUARDING REQUIREMENTS	Standard
IMMUNISATION REQUIREMENTS	N/A
HIGH COST AREA SUPPLEMENT?	No High Cost Area – covered in day rate
SKILLS, TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:	Pharmacist
PERSON AND DEPT TO WHOM WORK-SEEKER SHOULD REPORT AT START:	[REDACTED]
EXPENSES	<i>No expenses to be paid</i>
ADDITIONAL REQUIREMENTS:	
SHIFT START DATE:	
PART 1.2: PAYMENT PROFILE WILL BE 'ON COMPLETION OF WORKS' AS PER PARAGRAPH 9.3 OF SCHEDULE 2 OF THESE CALL-OFF TERMS AND CONDITIONS.	
DISCOUNTS APPLICABLE:	N/A
METHOD OF PAYMENT	[REDACTED] invoices must be sent, quoting a valid [REDACTED] Purchase Order Number (PO Number) and any [REDACTED] other relevant details, to: [REDACTED]
PART 1.3: ACCEPTANCE PRIOR TO PAYMENT	
N/A	
PART 2: CONTRACTING AUTHORITY CONTRACTUAL REQUIREMENTS & DELIVERABLES	
N/A	
PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS (IF APPLICABLE)	
N/A	
PART 3.1: SUPPLEMENTARY REQUIREMENTS IN ADDITION TO CALL-OFF TERMS AND CONDITIONS:	N/A
PART 3.2: VARIATIONS TO CALL-OFF TERMS AND CONDITIONS:	N/A
PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES	
PART 4.1: KEY PERSONNEL OF THE SERVICE PROVIDER TO BE	N/A



Crown
Commercial
Service



Procurement in Partnership
The Collaboration of NHS Procurement Hubs

Delivered by
NHS Commercial Solutions
NHS East of England Collaborative Procurement Hub
NHS London Procurement Partnership
NHS North of England Commercial Procurement Collaborative

INVOLVED IN THE SERVICES AND DELIVERABLES:	
PART 4.2: SUB-CONTRACTORS TO BE INVOLVED IN THE SERVICES AND DELIVERABLES:	N/A
PART 5: CONFIDENTIAL INFORMATION	
PART 5.1: THE FOLLOWING INFORMATION SHALL BE DEEMED COMMERCIALY SENSITIVE INFORMATION OR CONFIDENTIAL INFORMATION:	N/A [REDACTED]

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 Agreement between the Supplier and the Authority.

FOR AND ON BEHALF OF THE SUPPLIER:

NAME:	[REDACTED]
TITLE:	[REDACTED]
SIGNATURE:	[REDACTED]
DATE:	24/12/2024

FOR AND ON BEHALF OF THE CONTRACTING AUTHORITY:

NAME:	[REDACTED]
TITLE:	[REDACTED]
SIGNATURE:	[REDACTED]
DATE:	30/12/2024

Order Form FAQs

When should I use this order form? – this form should be completed when you have agreed to source Temporary Worker/s from a Supplier using either a direct award or following completion of a further competition.

Who should I send the form to? – Once you have filled out the form it should be sent to the Supplier for signature. Both you and the Supplier should keep a signed copy of the form.

Who is the Contracting Authority? - This is your organisation. Whoever is paying the invoices should be entered here

Who is the Supplier? - The Recruitment Agency you are hiring the Temporary Worker from.

What is a Call-Off Contract? - is an individual contract between a Supplier and Contracting Authority for the provision of services, goods or works (deliverables) under the terms and conditions of the overarching framework contract. A Call-off from a framework is that final part Suppliers and Contracting Authority's need to complete to begin working with each other.

What are "deliverables"? - This is a statement of what the Contracting Authority requires as part of the contract.

What should I enter in "Order number"? - A specific reference given/assigned by you, the Contracting Authority, that clearly identifies work undertaken as part of the contract.

What should I enter in "Order Date"? - The date that the terms of the call off are agreed.

What is the "Commencement Date"? - When supply is agreed to commence. This can be different from the order date e.g. the start of the next term.

What is the "Anticipated end date"? - This is a date defined by the Contracting Authority and can be any duration, 6 months etc. to suit the Contracting Authority's needs. Note: the period should be long enough to ensure fair provision of services by the Supplier/s and that it gives reasonable time for any Contracting Authority conclusions to be made. Include here any contract extension options detailing how the call off may be continued after the Anticipated End Date.

[Redacted text block]