

1.11.4.3698.



**HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK  
ORDER FORM**

**CONTRACT CHANGE NOTE 04**

**PART 1 : CLIENT INFORMATION**

<b>CUSTOMER</b>	<b>HEALTH AND SAFETY EXECUTIVE</b>
<b>SERVICE ADDRESS</b>	Redgrave Court, Bootle, Liverpool L20 7HS
<b>LINE MANAGER</b>	<b>J</b>
<b>HSE CONTRACT REF NO.</b>	<b>1.11.4.3698.</b>

<b>CONTRACTOR</b>	<b>People Source</b>
<b>SERVICE ADDRESS</b>	<b>1 GEORGES SQUARE, REDCLIFFE, BRISTOL BS1 6BA</b>
<b>ACCOUNT MANAGER</b>	

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## PART 2 : SERVICE REQUIREMENTS

<b>NAME OF INTERIM PERSONNEL</b>	
<b>FRAMEWORK DISCIPLINE AREA</b>	<b>OSD</b>
<b>JOB ROLE / TITLE</b>	<b>Product Manager</b>
<b>JOB DESCRIPTION</b> (including details if part-time / full-time, hours of work, location)	 J1.11.4.3698 - Product Manager jo
<b>IR35 ASSESSMENT</b>	 Acrobat Document.pdf
<b>COMMENCEMENT DATE</b>	<b>14<sup>th</sup> September 2020</b>
<b>ORIGINAL END DATE</b>	<b>20 November 2020</b>
<b>CCN01</b> <b>CCN02</b> <b>CCN03</b> <b>CCN04</b>	<b>15 January 2021</b> <b>30 April 2021</b> <b>30 June 2021</b> <b>31 March 2022</b>
<b>TERMINATION</b>	<b>A Termination Notice Period of one (1) weeks is applicable to this assignment, unless otherwise agreed in writing between both parties.</b>

**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>
14/09/2020	20/11/2020	68	£550	£100	£650
23/11/2020	15/01/2021	37	£550	£100	£650
18/01/2021	30/04/2021	73	£550	£100	£650
04/05/2021	30/06/2021	41	£550	£100	£650
01/07/2021	31/03/2022	192	£550	£100	£650
	<b>Total</b>	<b>411</b>	<b>£226,050</b>	<b>£41,100</b>	<b>£267,150</b>

**For this change the days shall increase from 219 days to 411 days.**

**The total costs for this change shall increase from £142,350.00 to £267,150.00**

**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 :

<b>INVOICING ADDRESS</b> (electronic only)	<a href="mailto:APinvoices-HAS-U@gov.sscl.com">APinvoices-HAS-U@gov.sscl.com</a>
<b>PURCHASE ORDER NO.</b> (to be quoted on all invoices)	<b>43070012688</b>

Invoices should also include details of the named individual, along with the completed days that they have worked and any VAT properly chargeable.

The **Contractor** shall send a copy invoice to the **HSE Contract Manager** identified at **Part 1**.

HSE shall make payment of agreed costs, in arrears, within 30 days of the acceptance of the invoice.

**Please note:** It is extremely important that your invoice is laid out as per the HSE Purchase Order, i.e. Line Numbering and Description. In doing this, you will prevent the invoice being rejected by SSCL.

If you are not advised of the PO No. within **5 working days of contract signature**, then please contact the **HSE Contract Manager**, who will be able to provide you with an update and details of when the PO will be sent to you.

**Please note:** HSE Contracts Team are not always made aware of this PO No. and therefore, to contact them will cause an added delay.

All Invoice queries must, in the first instance be taken up with **HSE's Shared Service Department, SSCL**. They can be contacted on 0345 241 5356 or 0845 241 5356 (Option 2). Alternatively, you can email them via [has-finance-ap-enquiries@gov.sscl.com](mailto:has-finance-ap-enquiries@gov.sscl.com)

If they are unable to offer you an answer to your queries, then you should contact the **HSE Contact Manager** via email, detailing the **Contract Reference No.**, the **PO No. (if you have one)**, and details of what your queries are.

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## 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  
**PEOPLE SOURCE**  
1 Georges Square , Redcliff, Bristol, BS1 6BA

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