



## HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

### PART 1 : CLIENT INFORMATION

<b>HEALTH AND SAFETY EXECUTIVE CUSTOMER</b>	
<b>SERVICE ADDRESS</b>	<b>Redgrave Court, Bootle, Liverpool L20 7HS</b>
<b>LINE MANAGER</b>	<b>(timesheet authorisation, as above unless stated otherwise)</b>
<b>HSE CONTRACT REF NO.</b>	<b>1.11.4.3682</b>

<b>CONTRACTOR</b>	<b>Hays</b>
<b>SERVICE ADDRESS</b>	<b>2nd Floor 5 St Paul's Square Liverpool L3 9SJ</b>
<b>ACCOUNT MANAGER</b>	

**PART 2 : SERVICE REQUIREMENTS**

<b>NAME OF INTERIM PERSONNEL</b>	
<b>FRAMEWORK DISCIPLINE AREA</b>	n/a
<b>JOB ROLE / TITLE</b>	<b>External Communications Officer</b>
<b>JOB DESCRIPTION</b> (including details if part-time / full-time, hours of work, location)	 JD External Communications B3
<b>IR35 ASSESSMENT</b>	 IR35 Result - Check employment status f
<b>COMMENCEMENT DATE</b>	<b>30 November 2020</b>
<b>END DATE</b>	<b>29 October 2021</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>
30/11/2020	29/10/2021	232	£176	£64	£240
			<b>£40,832</b>	<b>£14,848</b>	<b>£55,680</b>

### 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>  With a copy invoice to the line manager
<b>PURCHASE ORDER NO.</b> (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 27.11.20 .....

Duly authorised to sign on behalf of

#### **HAYS**

2<sup>nd</sup> Floor, 5 St Paul's Square. Liverpool, L3 9SJ

Signature  .....

Name in Capitals .....

Position .....

Date 27/11/2020 .....

Duly authorised to sign on behalf of the

#### **HEALTH AND SAFETY EXECUTIVE**

2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS