

APPENDIX D - CALL OFF AGREEMENT FORM



CALL OFF AGREEMENT FORM		
<p>This Form is to be used by the Client when requesting that work be undertaken within the terms of the Call Off Contract. The Parties agree that each completed and approved Form will form part of and be interpreted in accordance with the terms and conditions of that Call Off Contract.</p>		
<p>Project Title: FS430610 – Allergies at a glance review and qualitative research</p>	<p>Reference:</p>	<p>Social Research Call Off FS107010</p>
	<p>Date:</p>	<p>3rd September 2020</p>
<p>Client – Project Representative: [REDACTED]</p>	<p>Tel:</p>	
	<p>E-mail:</p>	[REDACTED]
<p>Supplier – Project Representative: [REDACTED]</p>	<p>Tel:</p>	
	<p>E-mail:</p>	[REDACTED]
<p>Project Start Date:</p>	<p>4th September 2020</p>	
<p>Project Completion Date:</p>	<p>31st December 2020</p>	
<p>Specification/ Scope of Work: <i>To include Background, Scope of Work, Parties Inputs, Approach and Method, Skills required, Timetable:</i></p>		
<p>Background</p> <p>Food hypersensitivity and allergy is a defined area of research interest for the FSA. The research theme for this is “How can the FSA protect the UK consumer from the health risks posed by food hypersensitivity (including allergies and intolerance)?” In</p>		

addition, a strategic objective of the FSA is to make the UK the best place in the world for food hypersensitive consumers.

As part of this the FSA is considering the development of an “allergy at a glance” scheme to help consumers with food hypersensitivities make decisions on where to eat out. The FSA developed and is responsible for the Food Hygiene Rating Scheme (FHRS) – this informs consumers about the food hygiene in restaurants so they can make a considered decision on where to eat. However, this does not provide information on a food business’s allergy practices therefore this is a gap. Anecdotal evidence suggests that there is a need for such a scheme and from previous research we know that consumers with allergies and intolerances prefer information to be presented in a written/printed format to which they have easy, independent access (Barnett et al 2017).

Before developing such a scheme, the FSA would like to investigate what can be learnt from current “on the door” schemes, how these are operated and how they have been evaluated. By “on the door” scheme we mean schemes that have stickers on the doors to give a score or accreditation to that business. The FSA is interested in the reviewing both schemes that are relevant to consumers with food hypersensitivity and schemes that are relevant to consumers more widely. Both UK and international schemes are in scope. Only “on the door schemes” and not wider accreditation schemes, such as product packaging schemes for example lion eggs are in scope. The FSA has already identified a number of schemes that are relevant:

Schemes relevant to food hypersensitivity

- Allergy UK accreditationⁱ
- Coeliac UK accreditationⁱⁱ
- SGS Gluten-free certificationⁱⁱⁱ

Additional schemes

- Industry area specific schemes. e.g. Schools (DfE), Hospitals
- Buy With Confidence is a National accreditation scheme^{iv}
- Cornwall ran a scheme where they rated childcare facilities and healthy meal provision
- Consumer driven schemes e.g. trip advisor driving the improvement of standards^v
- AA Hospitality award scheme^{vi}
- FHRS^{vii}

While the main aim of the review is to evaluate consumers views of “on the door” schemes it would be useful to also note alternatives to on the door schemes in relation to provision of information specifically for allergies in a short section at the end of the review. In particular what digital apps that are available for the provision of allergies information but also other alternatives such as databases, or catalogues. This will also be captured in a mapping exercise. This will be a table

which shows what “on the door” schemes there are, as well as alternatives. Some alternatives are noted below.

- Personal allergen detection devices and associated social media - not in UK yet
- Allergymenu.co.uk – app to help find allergen free menu options^{viii}
- Kafoodle type apps that help business manage allergens within menus^{ix}
- Or a database such as Open Food Facts^x:

Therefore, the FSA would like to commission a mapping exercise on what “on the door” schemes there are, and what are possible alternatives. And an evidence review focusing on the evaluation evidence of existing “on the door” schemes. The output should comprise of a) a review of the evidence of on the door schemes including (but not exclusively) those outlined above. The review should include delivery modes, consumer perceptions and usage of the schemes. b) Evidence-based recommendations around the delivery, messaging and format of the schemes. The review and mapping exercise should be completed by the 16th of October so that the evidence can be fed into the board meeting in November.

Secondly the FSA would also like to commission a primary piece of qualitative research to gain consumers with food hypersensitivities views of a potential allergy at a glance scheme. This would capture views on if consumers feel a scheme is necessary, how they would use a such a scheme, and the information that they feel is most important to them for such a scheme to include. It would also be useful to gain views on if consumers think that alternatives such as an allergy app or database would be a better alternative.

One possible way to recruit consumers with food hypersensitivities would be from the Food and You sample (from October onwards), however we welcome further suggestions for recruiting from this population.

Objectives

Food hypersensitivity and allergies has been identified as an area of research interest for the FSA. Making the UK a great place to live with a food hypersensitivity is a key strategic priority of the FSA.

This research is being commissioned to inform the decision on if an allergy at a glance scheme should be taken forward, and if so, how best to do this so that it is of most use to the consumer. The aim of the scheme is to provide food hypersensitive consumers with the knowledge of allergy practices of the food business so that they can make informed decisions as to whether to eat there. This research aims to provide evidence both on how effective “on the door” schemes are and what the alternatives are to these schemes so the FSA can make an informed decision about if an “on the door” scheme is the best option for providing information on allergy provision to consumers.

The research will be used to ensure that any scheme that is developed has the most impact for improving the experience of eating out for food hypersensitive consumers. This fits in with the FSA's research objective of protecting the UK consumer from health risks of food hypersensitivity. The evidence review will provide the FSA with recommendations on what makes an on the door scheme a success, how consumers use the schemes and view them, and barriers to use. It will also help identify what the alternatives to an "on the door" scheme are.

The data from the qualitative research will be vital in ensuring that any scheme that is developed contains information that is the most use for consumers with a food hypersensitivity. It will also be essential in firstly finding out if consumers think such a scheme is a good idea, or if they think an alternative approach would better suit their needs. The objective here will be to find out what information they need when eating out, and in what format they would like this. The interviews will cover what consumers with food hypersensitivity think about a potential allergy at a glance scheme and how this compares with their views on potential alternatives. This information will primarily be shared with the allergy programme board and the Executive management team to inform a decision on if an on the door scheme should be taken forward. The research with consumers will also be published to add to the evidence base on food hypersensitive individual needs when eating out.

Key research question/s:

Mapping exercise

What "on the door" schemes exist?

What are the alternatives to an allergy at a glance scheme? e.g. what provision already exists in the form of apps, databases catalogues?

Evidence review

What is the evidence for an "on the door schemes" (i.e. schemes that use stickers to present a score or accreditation on the door) in terms of how useful these are for consumers?

What are the different delivery models of these schemes both nationally and internationally?

How do consumers view the schemes? What do consumers think are the positives and negatives of such schemes?

What makes an "on the door scheme" successful?

What are the alternatives to an on the door scheme, in particular what allergy apps exist and what other provision is already on offer ?

Qualitative research with food hypersensitive consumers

Firstly, what information do food hypersensitive consumers need when making decisions about eating out?

How do they think this information could be best provided? In what format would they like to receive information?

Then what do food hypersensitive consumers think about an allergy at a glance scheme? including:

-Do consumers with food hypersensitivities think that an allergy at a glance scheme would be useful for them? Why/ or why not?

- Do they think it would help them make decisions on where to eat out?

- What do they think the benefits a scheme would be, what are their concerns?

What information would be most important for food hypersensitive consumers to gain from such a scheme?

What are their views on the alternatives such as allergy apps, databases, catalogues? Which do they think would be the most useful overall (including an at a glance scheme) and why?

Methodology – please include (if available)

- sampling considerations
- recruiting considerations (identifying and recruiting your cohort)
- ethical considerations

For the first part of this commission Ipsos Mori have suggested a mapping exercise to present what schemes are available and what the alternatives are. To find out about alternative provision is available short telephone calls will be made with key individuals in the three main allergy charities (Allergy UK, Anaphylaxis UK and Coeliac UK) to establish existing provision. Introductions to these individuals will be made via email through the FSA. The questions asked will be signed off by the FSA.

We then propose a desk review of the research evidence. This will primarily be pulling together which on the door schemes are available and what the evaluations (if available) of these schemes show, and drawing out recommendations on what makes a successful scheme, and what schemes exist internationally and their efficacy. A brief section at the end of the review on alternatives to on the door schemes such as allergy apps is to be included. An initial scoping exercise to see how many schemes there are and if any have evaluations should help inform the time it will take to pull together such a review. The FSA will work with Ipsos Mori to define key search terms.

For the second part of the research we envisage online semi structured qualitative interviews with adult (16-75) consumers with food hypersensitivities. However we would welcome suggestions for alternative qualitative work. Given the current situation with the pandemic we assume all interviewing will be conducted virtually

via Teams or Skype. If this is not possible, or if the interviewee would prefer, telephone interviews may be conducted¹.

We would suggest a sample size of around 25 consumers with food hypersensitivities from England, Wales and Northern Ireland. This should include a mix of consumers with allergies, intolerance, and coeliac. Both medically or self-diagnosed participants could be recruited. The sample should include a diverse range of participants in terms of gender, age, ethnicity and socio-economic status. We suggest that consumers with food hypersensitivities are recruited through the Food and You sample (set to run in October). However, we are open to alternative suggestions for recruitment of this sample.

We would like Ipsos Mori to develop the fieldwork materials; recruitment screener, participant information sheet, consent form and topic guide. The FSA will work with Ipsos Mori to develop the topic guide. The evidence review will help inform the topic guide. The overarching questions will focus on;

- What information they need and like to have before deciding on where to eat out/ purchase a takeaway from?
- If an “allergy at a glance” scheme would be useful?
- What information they would need to have from a scheme?
- The best format for receiving the information i.e. how should the information be presented so that it is most use.
- If they think alternatives to an on the door scheme such as an allergy app would better suit their needs.

We may find that the topic guide needs to be amended as the fieldwork progresses to ensure we are covering all the relevant topics. We will therefore have an interim debrief after 5-7 interviews to discuss initial themes and to review the topic guide and make any changes. Note that this will take place at the end of November, to enable the FSA team to make use of these findings in their wider work in December.

Research process

- would it be useful to observe any of the data collection?
- how will the questionnaire or topic guide be developed?

The topic guide for the qualitative interviews with consumers with food hypersensitivities will be developed collaboratively between Ipsos Mori and the FSA. The evidence review will help inform the questions for the topic guide.

¹ Where telephone interviews are used, the Ipsos Mori will call participants to ensure the participant does not incur any charges.

A short update of progress on the key milestones will be useful every other week. Depending on if anything needs to be discussed this maybe via a short email update or phone call with the social science lead and key policy contacts in the FSA.

Analysis and review

Initial themes from the qualitative interviews will be discuss after 5-7 interviews have been conducted.

All interviews will need to be transcribed and analysed thematically

Outputs – (NB. all outputs must be in line with FSA brand guidelines and meet FSA accessibility requirements)

Evidence review and mapping

- A table from the mapping exercise setting out key “on the door schemes” and alternative allergy provision (apps, databases, catalogues)
- An evidence review to be published on the FSA website (draft versions to be provided to the FSA for sign off), including an abstract and executive summary.
- A description of the review methodology (e.g. scope, search terms and databases, inclusion criteria), a summary of the evidence base, recommendations for the FSA.

Qualitative research

- Topic guide for the qualitative research
- Interim findings from first few interviews
- A final report and slide pack (draft versions to be provided to the FSA for sign off)
- Methodology report (annex)

A final slide pack presentation of key findings from both the review and the qualitative research. The presentation will need to be around 20 minutes and will be delivered orally to the allergy programme board.

How will the outputs of this research be disseminated for effective/maximum impact?

The insights from this work will be shared with the Food Hypersensitivities programme board and the FSA board. The research will be used to inform the decision about if an allergy at a glance scheme should be taken forward and how best to do this.

Timescale milestones – please include any hard deadlines

please consider all above stages

The evidence review needs to be delivered for the 16th of October to feed into the board meeting in November

The qualitative research needs to be delivered by December 2020. It is anticipated that the topic guides will be developed in September. Recruitment will be in October once the first wave of Food and You has delivered and potential participants can be identified. Fieldwork will take place in November with analysis and reporting in December.

Special Terms:

To include any terms or conditions not covered in the overarching contract or any terms amended for the purposes of this Call Off Agreement

Deliverables:	See Annex A – Suppliers Response
Foreground IPR – Ownership	See Clause 15 – Intellectual Property Rights in overarching Contract
Personal Data (GDPR)	See Annex A – Suppliers Response
Price	See Annex B – Suppliers Financial Template
Payments & Invoicing	<p>Please submit invoices to [REDACTED] for work with FSA.</p> <p>Please include the referring FSA purchase order number in the email title and within the invoice to allow Invoice/Purchase Order matching. Note that invoices that do not include reference to FSA Purchase Order number will be returned unpaid with a request for valid purchase order through email.</p> <p>Further details can be found at Schedule 5 'Invoicing Procedure & No PO/ No Pay' in the Call Off Contract.</p>

We confirm receipt of this Form seeking approval for the above project to proceed. We agree to provide the goods and/or services requested according to the terms and conditions set out in the Call Off Contract between the FSA and Ipsos MORI

Signed on behalf of the FSA:

Name: [REDACTED]

Signature:

[REDACTED]

Position: Procurement Category Manager

Date: 9th September 2020

Signed on behalf of Ipsos Mori:

Name: [REDACTED]

Signature:

[REDACTED]

Position: Research Director

Date: 9th September 2020

Annex A – Suppliers Proposal

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Quality management – please set out you will embed quality management

For both Ipsos MORI and ADAS UK Ltd quality management and assurance are crucially important in our project delivery and research outputs. Together we will work collaboratively with the FSA on the study design, delivery and outputs. Our starting point will be to ensure we have a common understanding of how the study should run. At the inception meeting we will discuss and finalise the finer points of the design, approach to material development, project and risk management arrangements, deliverables and timings. After the meeting, a revised, detailed timetable will be produced which will clearly identify where the FSA's input will be required, and the nature and extent of involvement.

The project director will oversee the work and will be accountable for ensuring the quality of all outputs, and delivery to agreed timelines. The respective Ipsos MORI and ADAS project managers will act as your contacts for each phase, to ensure the right level of co-ordination and control across the project. They will also ensure that the relevant members of staff fulfil their sign-off obligations for key milestones. This includes arranging for fieldwork and all outputs to be delivered on time and to a high standard.

We will agree a schedule for regular (at least weekly) contact with the FSA by telephone and email throughout the project to provide clear updates on progress, address emerging issues quickly and provide feedback to inform operational

needs. We will also be available to discuss any emerging issues, and to join face-to-face (or video-call) meetings at key milestones.

Both Ipsos MORI and ADAS are focused on delivering quality and continuous improvement. Good research requires exhaustive quality procedures which are put into practice.

As lead contractor, Ipsos MORI works to very strict quality management processes and standards, many of which exceed that required for the industry. These include:

- **ISO 9001:2008**, international general company quality standard with a focus on continual improvement through quality management systems.
- **ISO 20252:2006**, International market research specific standard that supersedes MRQSA (BS 7911) & incorporates IQCS (Interviewer Quality Control Scheme); it covers the 5 stages of a Market Research project.
- **ISO 27001:2005**, International standard for information security designed to ensure adequate and proportionate security controls are in place
- **MRS Company Partnership;**
- **Fair Data** - In order to demonstrate our commitment to ensure personal data is processed fairly, ethically and in compliance with all relevant Data Protection & Privacy laws, including the Data Protection Act, we have signed up to the “Fair Data” accreditation scheme.



We have an integrated quality, compliance and information security management system, our ‘Business Excellence System’ (BES). Its objectives are:

- To provide assurance to Ipsos MORI’s clients that we will deliver reliable and robust research findings by, among other measures, meeting the requirements of the international quality standard for market research (ISO 20252); and

To minimise risk to the business by focussing on quality and continuous improvement.

Delivery timescales – Please provide a detailed plan of when you will deliver the specified outcomes

Please detail any assumptions you have made

Below we have included a draft timetable for the study, with a focus on the first stage, as this is the more urgent and has specific deadlines. In order for this to be achieved, we will need formal approval to go ahead as soon as possible in September.

Stage 1	Due date
Mapping	
Stakeholder Interviews (x5)	By Wednesday 9 th September
Desk-based research	By Tuesday 22 nd September
Report	By Friday 25 th September
Evidence Review	
Systematic Search & Data Extraction 1	By Friday 11 th September
Systematic Search & Data Extraction 2	By Friday 18 th September
Systematic Search & Data Extraction 3	By Friday 25 th September
Evidence Synthesis	By Friday 2 nd October
Draft Report	By Friday 9 th October
Final Report	By Friday 16 th October

The second stage of the project will be planned in more detail during early September, and we are confident of being able to meet the deadlines in your brief.

Stage 2	Due date
Qualitative research	
Refine sampling approach	By mid-September
Agree recruitment screener	Late September
Recruitment	By mid-October
Develop research materials	September-October
Fieldwork	Early November
Interim debrief after 5-7 interviews	Late November
Analysis and reporting	November-December

The qualitative outputs and final summary presentation will be produced in December.

Project-specific risks and proposed mitigation measures

Every project has associated risks and challenges. The key lies in identifying these at the outset, assessing them, and putting countermeasures and contingencies in place so that the project is not adversely affected. Responsibility for the identification, communication and management of risk rests with the project director. Project risks are considered at two distinct levels:

1. The likelihood of different 'risk events' occurring (disregarding our proposed counter-measures).
2. The impact of a 'risk event' if it does occur.

The table below identifies some of the key risks associated with this project, and the main mitigation measures. We would look to refine and expand this risk register at the set-up meeting.

Risk	Assessment	Mitigation measures
Staff absence	Likelihood: Low Impact: High	<p>The project relies on team members with the right balance of skills and practical experience.</p> <p>In the event that any of our proposed project team members become unable to work on the assignment as planned (e.g. due to illness or other unforeseen circumstances), we will re-organise our delivery team and draw on other expert staff. With the skills and experience across our company we are in the fortunate position of being able to offer robust contingency cover.</p>
IT failure	Likelihood: Low Impact: High	<p>The mapping exercise and REA rely on desk and internet-based evidence gathering. Loss of connectivity (being a more prominent risk with remote working under pandemic restrictions) or loss of data could have a major impact on project timescales.</p> <p>In the case of lost connectivity for remote workers our offices are open and Covid secure working in place; ensuring our work can be continually delivered in a safe manner.</p> <p>Both our office and remote working is supported by secure VPN to ensure all data is backed-up regularly. Furthermore, protocols are in place to ensure that regularly backup reports and data on the network, computer hard drives and data storage device as appropriate.</p>
Risk of qualitative participants being upset by sensitive subject	Likelihood: Medium Impact: Medium	<p>Food hypersensitivities will be an emotive issue for many of the research participants, and there is a risk that they may be upset discussing their previous experiences of eating out, for example.</p> <p>To mitigate these risks:</p> <ul style="list-style-type: none"> • Participants will be reassured throughout about the confidentiality of

		<p>their contributions, and the importance of the study.</p> <ul style="list-style-type: none"> • Topic guides will be developed with prompts or phrasing that is designed to make participants feel comfortable. Participants will be allowed to skip questions/tasks they do not feel comfortable discussing. • We will provide links to further advice and support at the end of the interview. • Participants will be able to withdraw from the study at any point, and the voluntary nature of participation will be reiterated throughout data collection.
<p>Risk of not getting enough participants for the qualitative interviews</p>	<p>Likelihood: Low Impact: Medium</p>	<p>We have set out a suggested approach to recruitment for the qualitative interviews using Food & You, which we are confident will give us sufficient leads for 25 interviews. Alternative approaches to recruitment are also available, as set out in our response.</p> <p>Participants will be thanked for their participation in the form of incentives, to encourage greater participation and engagement with the study.</p>
<p>Risk of GDPR or data breaches</p>	<p>Likelihood: Low Impact: High</p>	<p>As with all Ipsos MORI projects, careful attention is given to ensure any personal data is handled with respect to GDPR requirements and regulations.</p> <p>All personal information will be transferred using Ipsos MORI's secure data transfer system: Ipsos Transfer.</p> <p>All personal information will be securely destroyed using digital shredding software at the end of the project.</p> <p>Informed consent will be gained from participants for the collection of personal data and for this data to be shared with the FSA team.</p> <p>Prior to the commencement of the study, Ipsos MORI and ADAS will ensure a data flow is created that details when, how and</p>

		<p>why the data will be collected, used, and shared.</p> <p>More information is included in the ethical considerations section below.</p>
Escalation of COVID-19 in the UK	<p>Likelihood: High</p> <p>Impact: Low</p>	<p>Both Ipsos MORI and ADAS have robust systems in place to enable remote working, as described above. This will limit the impact of any escalation of the COVID-19 pandemic, or restrictions on movement as a result of local lockdowns.</p> <p>All qualitative interviews will take place remotely, either online or by telephone. This removes the need for travel time.</p> <p>We will be able to recruit replacement participants should this be required due to drop-outs linked to illness or changes in personal circumstances.</p>

Ethical considerations

Ensuring ethical research is a key concern for our team and core to our professional practice. Ipsos MORI has a long history of research with vulnerable groups and those at risk of harm and we conduct ethical research in line with the GSR ethics code.

This means we will make every effort to deliver the study in a way recognises key ethical issues, and much of this is built into our standard ways of working.

As standard, we will secure informed consent for participation in the study. We understand that the FSA intend to use the 'public task' legal basis under GDPR. However, we will still ensure that informed consent is obtained as a matter of good practice.

We have also set out steps to manage the sensitivity around allergy information, and the possibility that interview participants may have suffered distressing experiences while eating out. We will ensure participants are fully aware of what will be covered in the interview, and should a participants become distressed this will be handled sensitively, and breaks will be offered if they are needed.

As with all our projects, this study will be subject to an internal review within Ipsos MORI by the Ethics Group on its commencement. This review considers the methodological approach taken by a study and the key ethical issues relating to (but not limited to), informed consent, vulnerable audiences and potential for harm, data sharing and security, use of gatekeepers, and confidentiality.

Subcontractors please specify on the need for, and selection/appointment of sub-contractors

Ipsos MORI and ADAS will work in partnership to deliver this study, as set out in the call-off agreement. Ipsos MORI would be the lead contractor.

We may also use subcontractors to recruit qualitative interview participants. Any supplier used will be an Ipsos MORI approved supplier, held to the same high quality and ethical standards.

Sustainability – pls set out measures to maximise sustainability

The research will be taking place remotely and will not involve any travel or consumables. As such, the recommended design is the most sustainable way to achieve the objectives.

GDPR – Please complete the below table detailing personal data that will be processed as part of this work package

Description	Details
Subject matter of the processing	The processing is needed in order to ensure that Ipsos MORI can effectively provide the agreed services to the FSA.
Duration of the processing	<p>Information will be processed throughout October and November to recruit participants for the qualitative interviews.</p> <p>This is based on the assumptions presented in this work package, particularly around sign-off and fieldwork deadlines.</p>
Nature and purposes of the processing	<p>Participant contact details will be sourced from those giving consent to be recontacted following taking part in the Food and You survey. Their contact details will only be used in the ways they have agreed to.</p> <p>If additional participants are required, data will be collected by recruiters and securely transferred to Ipsos MORI via a secure transfer platform.</p>

	Data will be collected and/or processed so that participants can be contacted to take part in the research study.
Type of Personal Data	Name, date of birth, gender, telephone number, postcode, ethnicity, disability, education, social grade, and details of any food hypersensitivity.
Categories of Data Subject	Individuals (members of the public) aged 16-99 within England, Wales, and Northern Ireland who are recruited to the qualitative interviews.
Plan for return and destruction of the data once the processing is complete UNLESS requirement under union or member state law to preserve that type of data	As with all Ipsos MORI projects, all personal data will be kept securely on our internal database until 6 months after the end of the project. At this point (June 2021), all personal data is destroyed using shredding software.

Total Cost – Please provide the total cost for this work package. Please provide a detailed breakdown of costs in the financial template which is to be submitted alongside this Project Proposal Document. This should include payment milestones (where applicable)

The total cost for this project is £49,600 +VAT:

- [REDACTED]
- [REDACTED]

Have you attached the financial template?: Yes

Completed by: [REDACTED]

Date: 28/08/20

Annex B - Suppliers Financial Template

Tender Reference	FS107010
Tender Title	FS108108 Work Package 7
Full legal organisation name	Market & Opinion Research International t/a Ipsos MORI
Main contact title	
Main contact forname	
Main contact surname	
Main contact position	
Main contact email	
Main contact phone	

Will you charge the Agency VAT on this proposal?

Yes

Please state your VAT registration number:

*Please provide your VAT Registration number below

443 932 121

Project Costs Summary Breakdown by Participating Organisations

Please include only the cost to the FSA.

Organisation	VAT Code*	Total (£)
<i>Ipsos MORI</i>	STD	
<i>ADAS</i>	STD	
<i>Insert name of Organisation 3</i>	Please select	£ -
<i>Insert name of Organisation 4</i>	Please select	£ -
<i>Insert name of Organisation 5</i>	Please select	£ -
		£ -
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Total Project Costs (excluding VAT) ** £ 49,600.00

Project Costs Summary (Automatically calculated)

Staff Costs	£	
Overhead Costs	£	
Consumables and Other Costs	£	
Travel and Subsistence Costs	£	
Other Costs - Part 1	£	
Other Costs - Part 2	£	
Other Costs - Part 3	£	
Other Costs - Part 4	£	
Other Costs - Part 5	£	

Total Project Costs £ 49,600.00

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- vii <https://www.food.gov.uk/research/research-projects/food-hygiene-rating-scheme-consumer-attitudes-tracker-wave-8>
- viii <https://allergymenu.uk/>
- ix <https://kafoodle.com/>
- x <https://fr-en.openfoodfacts.org/>