

# RM6160: Non Clinical Temporary and Fixed Term Staff (Short Form)

For help with completing this Order Form please refer to the Short Order Form FAQ's [here](#)

**Guidance:**

This Order Form, when completed and signed by both you (the Contracting Authority) and the Supplier, forms a Call-Off Contract from CCS framework RM6160, Non Clinical Temporary and Fixed Term Staff. Signing the Order Form ensures that both parties are able to compliantly use the terms and conditions agreed from the procurement exercise.

You can complete and execute a Call-Off contract by using an equivalent document or electronic purchase order system. If an electronic purchasing system is used, the text below must be copied into the electronic order form.

**Order Form Template**

This Order Form is for the provision of the Call-Off Deliverables. It is issued under the **Framework Contract RM6160**: Non Clinical Temporary and Fixed Term Staff.

Contracting Authority Name	Secretary of State Department for Health & Social Care acting as part of the Crown (Department of health & Social Care)
Contracting Authority Contact	
Contracting Authority Address	39 Victoria Street, SW1H 0EU
Invoice Address (if different)	

Supplier Name	Networkers International UK Limited
Supplier Contact	
Supplier Address	Cottons Centre, 47-49 Tooley Street London SE1 2QN UK

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff
Framework Lot	2 - Corporate Functions
Call-Off (Order) Ref	
Order Date	
Call off Start Date	01/04/2023
Call-Off Expiry Date	31/03/2024
Notice Period	

**Order Form Template (Short Form)**  
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<b>Extension Options</b>	
<b>GDPR Position</b>	Joint Controller
<b>Number of roles required:</b>	1
<b>Number of CV's required:</b>	N/A
<b>Job role / Title</b>	Supply Resilience Freight Lead
<b>Temporary or Fixed Term Assignment</b>	Temporary
<b>Hours / Days required</b>	
<b>Unsocial hours required</b>	Unsocial hours may be required on occasion
<b>High cost area supplement details</b>	1. None 2. Inner London 3. Outer London 4. Fringe
<b>Immunisation requirements? (Fee type 1 only)</b>	N/A


<b>Pay band</b>	N/A								
<b>Fee Type</b>	1. Patient Facing 2. Non-Patient Facing (Disclosure) 3. Non-Patient Facing (No Disclosure)								
<b>Expenses to be paid or benefits offered</b>									
<b>Expenses to be paid by Temporary Worker</b>	N/A								
<b>Charge rates</b>	<table> <tr> <td></td><td>Post-AWR</td></tr> <tr> <td>Day Rate</td><td></td></tr> <tr> <td>Bill Rate</td><td></td></tr> <tr> <td><b>Total Bill Rate</b></td><td></td></tr> </table>		Post-AWR	Day Rate		Bill Rate		<b>Total Bill Rate</b>	
	Post-AWR								
Day Rate									
Bill Rate									
<b>Total Bill Rate</b>									
<b>Method of payment</b>									
<b>Discounts applicable</b>	N/A								

<b>Criminal records check</b>	Yes
<b>BPSS required</b>	Yes
<b>State required clearance and background checking</b>	BPSS / DBS
<b>Skills, mandatory training and qualifications necessary for the role</b>	N/A

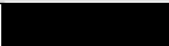
### CALL-OFF INCORPORATED TERMS

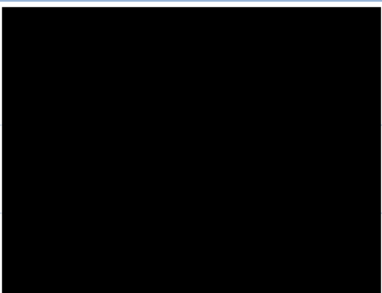
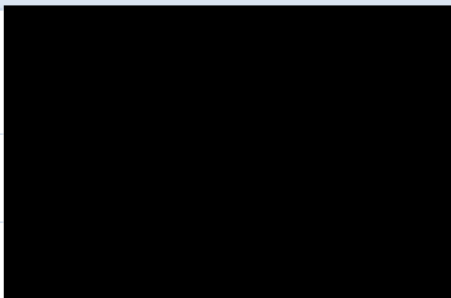
The Call-Off Contract, Core Terms and Joint Schedules' for this Framework Contract are available on the CCS website. Visit the [Non Clinical Temporary and Fixed Term Staff](#) web page and click the 'Documents' tab to view and download these.

### CALL-OFF DELIVERABLES

The requirement	
	

### PERFORMANCE OF THE DELIVERABLES

Key Staff

Key Subcontractors
N/A

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:		Signature:	
Name:		Name:	
Role:		Role:	
Date:	15/03/2023	Date:	16/03/2023