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 | Department of Health and Social Care | | |
|-----------------------|--------------------------------------|--|--|
| Name | | | |
| Contracting Authority | Authoriser Name: | | |
| Contact | Tel: | | |
| | Email: | | |
| Contracting Authority | 39 Victoria Street, London, SW1H 0EU | | |
| Address | | | |
| | | | |

| Invoice Address | | | | | |
|---------------------------|---|--|--|--|--|
| (if different) | | | | | |
| Supplier Name | Allen Lane | | | | |
| Supplier Contact | | | | | |
| Supplier Address | 33 King Street | | | | |
| | London | | | | |
| | SW1Y 6RJ | | | | |
| Framework Ref | RM6160: Non Clinical Temporary and Fixed Term Staff | | | | |
| Framework Lot | 2 | | | | |
| Call-Off (Order) Ref | C334476 | | | | |
| Order Date | 28/1/25 | | | | |
| Call off Start Date | 18/3/25 | | | | |
| Call-Off Expiry Date | 30/9/25 | | | | |
| Extension Options | To be agreed | | | | |
| GDPR Position | Independent Controller (default unless specified); or | | | | |
| | Controller to Processor; or Joint Controller | | | | |
| | | | | | |
| Number of roles required: | 1 | | | | |
| Number of CV's required: | 1 | | | | |
| Job role / Title | UK Make Lead | | | | |
| Temporary or Fixed Term | Temporary . | | | | |
| Assignment | | | | | |
| Hours / Days required | | | | | |
| Tiours / Days required | | | | | |

| Unsocial hours required – give details | As agreed | | | |
|---|--|--|--|--|
| High cost area | 1. None | | | |
| supplement details | | | | |
| Immunisation requirements? (Fee type 1 only) | N/A | | | |
| Pay band | 10A | | | |
| Fee Type | 1. Patient Facing | | | |
| | 2. Non-Patient Facing (Disclosure) | | | |
| | 3. Non-Patient Facing (No Disclosure) | | | |
| Expenses to be paid or | None, unless in line with DHSC policy and pre-authorised by line | | | |
| benefits offered | manager first. | | | |
| | Individual will be contracted to their nearest DHSC office | | | |
| | Expenses will only apply when not travelling to their contracted | | | |
| | office | | | |
| Expenses to be paid by | ТВС | | | |
| Temporary Worker | | | | |
| Charge rates | Pre-AWR Post-AWR | | | |
| | n/a | | | |
| | n/a | | | |

| Method of payment | The candidate will submit a weekly timesheet for approval. The Service |
|----------------------------|--|
| | Provider will charge per day quoting the purchase order number |
| | on the invoice. |
| | Acceptance will be indicated through the approval of a timesheet. |
| Discounts applicable | CCS RM6160 terms apply |
| Criminal records check | Completed |
| BPSS required | Yes |
| State required clearance | BPSS in place |
| and background checking | |
| Skills, mandatory training | DHSC policies and practices apply included the CS Code of |
| and qualifications | Conduct and Official Secrets Act |
| necessary for the role | |

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 requirer | nent | | | | |
|------|--------------|------------------------|-----------------------------|-------------|-------------|----|
| | • As per pr | evious contract | | | | |
| | | | | | | |
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| | | | | | | |
| 'ERF | | F THE DELIVERABLES | | | | |
| | Key Staff | | | | | |
| | | | | | | |
| | Key Subcont | ractors | | | | |
| | N/A | | | | | |
| | For and on b | ehalf of the Supplier: | | | | |
| | | | For and on be Authority: | half of the | e Contracti | ng |
| | | | | | | |
| | | | | | | |
| | Signature: | | Signature: | | | |
| | | | | | | |
| | Name: | | Name: | | | |
| | | | | | | |

Order Form Template (Short Form) Crown Copyright 2019

| Role: | | Role: | |
|-------|---------|-------|----------|
| Date: | 28/1/25 | Date: | |
| | | | 29/01/25 |