**ORDER FORM AND CALL OFF TERMS**

**THE SUPPLY OF NON MEDICAL NON CLINICAL (NMNC) TEMPORARY AND FIXED TERM STAFF FRAMEWORK AGREEMENT: RM971**

**FROM:**

|  |  |
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| **CUSTOMER** | **Homes and Communities Agency** |
| **SERVICE ADDRESS** | **Fry Building, 2 Marsham Street, London SW1P 4DF** |
| **INVOICE ADDRESS(if different)** | **creditors@hca.gsi.gov.uk** |
| **CONTACT REFERENCE** | **(Redcated)****Head of IT (Systems Development)****Homes and Communities Agency****T: (Redcated)****(Redcated)** |
| **ORDER NUMBER** | 1. **To be completed**
 |
| **ORDER DATE** | **25th November 2016** |

**TO:**

|  |  |
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| **SERVICE PROVIDER** | **EVISA SOLUTIONS, TA MALIKSHAW** |
| **SERVICE PROVIDER’S ADDRESS** | **111 CHARMOUTH RDS, ST ALBANS, AL14SG** |
| **ACCOUNT MANAGER**  | Name: **(Redcated)**Address: **AS ABOVE**Tel: **(Redcated)** E-mail: **(Redcated)** |

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| **PART 1: SERVICE REQUIREMENT**  |
| **PART 1.1: SERVICE AND DELIVERABLES REQUIRED:** Temporary Worker Requirements: |
| **RM971 LOT:** | **LOT 5** |
| **NUMBER OF ROLES REQUIRED:** | **1** |
| **Job Role/Title:** | **Software Developer** |
| **Agenda for Change Pay Band:** | **8D** |
| **Agenda for Change Pay Point:** **(lowest within AfC Pay Band unless stated)** | **48** |
| **Hours/Days Required:** | **5 DAYS, MONDAY TO FRIDAY** |
| **Any unsocial hours required? (give detail)[Outside 8am to 6pm Mon to Friday]** | **N/A** |
| **Fee Type:** | 1. Patient Facing
2. Non-Patient Facing (Disclosure)
3. **Non-Patient Facing (No Disclosure)**
 |
| **Immunisation Requirements** **(Fee Type 1 only)** | **N/A** |
| **DBS required** **(Fee Type 1 and 2 only)** | 1. Basic **N/A**
2. Standard **N/A**
3. Enhanced **N/A**
 |
| **High Cost Area Supplement?** | 1. None
2. Inner London
3. Outer London
4. **Fringe**
 |
| **Regulated or Controlled Activity (ISA)?** | **N/A** |
| **Skills, Training and Qualifications necessary to performance of the role:** | **To be completed** |
| **Person and Dept to whom work-seeker should report at start:** | **(Redcated)** |
| **Post code of location with requirement:** | **SW1P 4DF(+ Other Fringe)** |
| **aDDITIONAL REQUIREMENTS:** | ***N/A*** |
| **PART 1.2: ANCIPATED DURATION OF CONTRACT** |
| **Commencement Date:** | **To be completed** |
| **Anticipated End Date:** | ***31st March 2017*** |
| **Temporary / Fixed Term Assignment:** | ***TEMPORARY*** |
| **PART 1.3: MILESTONES AND KEY DELIVERABLES** |
| * **To be confirmed**
 |
| **PART 1.4: Charges Payable by Customer (including any applicable discount and method of payment e.g. Government Procurement Card or BACS):** |
|  | **Pre-AWR** | **Post-AWR** |
| **Pay to Worker(s)** | **(Redacted)** | **(Redacted)** |
| **Total Charge** | **(Redacted)** | **(Redacted)** |
| **Discounts Applicable:** | ***N/A*** |
| **PART 1.5: Acceptance prior to Payment** |
| *Completion of an assignment checklist by Service Provider –* ***SUPPLIED BEFORE START*** |
| **PART 2: CUSTOMER CONTRACTUAL REQUIREMENTS** |
| **NOTICE PERIOD: One week in 1st month then one month thereafter.****PAYMENT TERMS: 30**  |
| **PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES** |
| **PART 4.1: Key Personnel of the Service Provider to be involved in the Services and Deliverables:** | **(Redcated)** |
| **PART 5: CONFIDENTIAL INFORMATION** |
| **PART 5.1:** **The following information shall be deemed Commercially Sensitive Information or Confidential Information:** | **USUAL NON DISCLOSURE RULES APPLY** |

**1.      FORMATION OF CALL OFF CONTRACT**

**1.1    BY SIGNING AND RETURNING THIS ORDER FORM (which may be done by electronic means) the Supplier agrees to enter a Call Off Contract with the Customer to provide the Services.**

**1.2    The Parties hereby acknowledge and agree that they have read the Order Form and the Call Off Terms and by signing below agree to be bound by this Call Off Contract.**

**1.3    In accordance with paragraph 7 of Framework Schedule 5 (Call Off Procedure), the Parties hereby acknowledge and agree that this Call Off Contract shall be formed when the Customer acknowledges (which may be done by electronic means) the receipt of the signed copy of the Order Form from the Supplier within two (2) Working Days from receipt.For and on behalf of the Service Provider:**

**For and on behalf of the Service Provider:**

|  |  |
| --- | --- |
| **NAME:** | **(Redcated)** |
| **TITLE:** | **DIRECTOR** |
| **SIGNATURE:** | **(Redcated)** |
| **DATE:** | **25th November 2016** |

**For and on behalf of the CUSTOMER:**

|  |  |
| --- | --- |
| **NAME:** |  **(Redcated)** |
| **TITLE:** |  **Head of IT** |
| **SIGNATURE:** |  |
| **DATE:** | **25th November 2016** |