**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**](https://assets.crowncommercial.gov.uk/wp-content/uploads/RM6160-Short-Order-Form-FAQ-v2.pdf)

**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](https://www.crowncommercial.gov.uk/agreements/RM6160): Non Clinical Temporary and Fixed Term Staff.

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| **Contracting Authority Name** | The Insolvency Service |
| **Contracting Authority Contact** | REDACTED |
| **Contracting Authority Address** | Cannon House18 Priory QueenswayBirminghamB4 6FD |
| **Invoice Address** **(if different)** | payments@insolvency.gov.uk PO Number to be provided. The PO Number must be quoted on each invoice with a clear breakdown of all charges incurred. If these details are not provided the Invoice will not be accepted.  |

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| **Supplier Name** | SmartSourcing Limited  |
| **Supplier Contact** | REDACTED |
| **Supplier Address** | Tanglewood90-92 Vicarage HillSouth BenfleetSS7 1PE |

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| **Framework Ref** | RM6160: Non-Clinical Temporary and Fixed Term Staff |
| **Framework Lot** | Lot 3 |
| **Order reference number (e.g. purchase order number)** | TIS0562 |
| **Date order placed** | 20/09/2022 |
| **Call off Start Date** | 30/09/2022 |
| **Call-Off** **Expiry Date** | 31/03/2023 |
| **Extension Options** | 12-month Extension option |
| **GDPR Position** | Independent Controllers |
| **Job role / Title** | Multiple Roles (see individual Call-Offs from this Overarching Order Form) to include a Test Manager, Technical Architect, Senior Project Manager, Project Manager, Business Analyst and a Solution Architect |
| **IR35** | All roles throughout the duration of this contract and any extensions of it will be in Scope of IR35 as per the completed SDS for each role. |
| **Notice Period** | Two Weeks (Ten Working Days) |
| **Temporary or Fixed Term Assignment** | Temporary |
| **Hours / Days required** | 8 hours per day, excluding lunch.The location of the Services will be carried remotely however there will be a requirement for regular face to face meetings at London office (16th Floor, 1 Westfield Avenue, Stratford, London, E20 1HZ) or Birmingham office (Cannon House, 18 The Priory Queensway, Birmingham, B4 6FD).Travel to the contracted offices of London and Birmingham will be at the Contractor’s own expense. Travel to other offices may be required and INSS T&S policy will apply. |
| **Unsocial hours required – give details** | None |
| [**High cost area suppl****ement**](https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-8-high-cost-area-payment-zones) **details****(NHS only)** | 1. None |
| **Immunisation requirements? (Fee type 1 only)** | N/A |

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| **Pay band (use rate card to determine this)** | 10A and 10B |
| **Fee Type** | 2. Non-Patient Facing (Disclosure required) |
| **Expenses to be paid or benefits offered** | N/A |
| **Expenses to be paid by Temporary Worker** | N/A |
| **Charge Rates** | To be detailed in the individual Call-Offs from this Overarching Order Form.The maximum value of this Call Off Contract will be £1,630,401 |
| **Method of payment** | Invoice/BACS |
| **Discounts applicable** | N/A |

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| **Criminal records check required** | No  |
| **BPSS required** | Yes |
| **State any other required clearance and/or background checking** | None |
| **State any skills, mandatory training and qualifications necessary for the role** | To be detailed in the individual Call-Offs from this Overarching Order Form. |

**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](https://www.crowncommercial.gov.uk/agreements/RM6160) web page and click the ‘Documents’ tab to view and download these.

**CALL-OFF DELIVERABLES**

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| **The Requirement** |
| The Insolvency Service is currently delivering it’s five-year strategy which aims to ensure that we have an agency fit for the future; one which will support businesses and citizens as the country emerges from the COVID-19 pandemic and helps the UK economy to thrive. We will also continue to ensure that we deliver excellent standards of public services, putting our customers and stakeholders at the heart of everything we do.The Insolvency Service has a portfolio of projects that are currently being delivered, or yet to be initiated. These projects support both the enhancement of services currently undertaken and new projects to deliver new capability. The Projects affected by the proposed Services are The Application Remediation Project, The Modern Workplace Project and FCP.The following roles for specific individuals will be subject to this Call Off Contract:

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| Contractor Name | Role | Project |
| REDACTED | Test Manager | Application Remediation |
| REDACTED | Solution Architect | Application Remediation |
| REDACTED | Business Analyst | Modern Workplace |
| REDACTED | Senior Project Manager | Modern Workplace |
| REDACTED | Project Manager |  |
| REDACTED | Project Manager |  |

Each role shall be subject to a specific individual Call-Off which shall detail the job descriptions, agreed Day Rates and duration. |

**PERFORMANCE OF THE DELIVERABLES**

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| **Key Staff** |
| REDACTEDIndividual Call-Offs will be made against this Overarching Contract for each Contractor. |
| **Key Subcontractors** |
| N/A |

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| **For and on behalf of the Supplier:** | **For and on behalf of the Contracting Authority:** |
| Signature: | REDACTED | Signature: | REDACTED |
| Name: | REDACTED | Name: | REDACTED |
| Role: | REDACTED | Role: | REDACTED |
| Date: | REDACTED | Date: | REDACTED |