



## HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

### PART 1 : CLIENT INFORMATION

<b>HEALTH AND SAFETY EXECUTIVE CUSTOMER</b>	
<b>SERVICE ADDRESS</b>	<b>Redgrave Court, Bootle, Liverpool L20 7HS</b>
<b>LINE MANAGER</b>	
<b>HSE CONTRACT REF NO.</b>	<b>1.11.4.3565.</b>

<b>CONTRACTOR</b>	<b>Hays IT</b>
<b>SERVICE ADDRESS</b>	<b>5th Floor City Tower Manchester M1 4BT</b>
<b>ACCOUNT MANAGER</b>	

### PART 2 : SERVICE REQUIREMENTS

<b>NAME OF INTERIM PERSONNEL</b>	
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<b>FRAMEWORK DISCIPLINE AREA</b>	<b>OSD</b>
<b>JOB ROLE / TITLE</b>	<b>Business Analyst</b>
<b>JOB DESCRIPTION</b> (including details if part-time / full-time, hours of work, location)	 BA%20Job%20Description%20T3565.doc
<b>DELIVERABLES</b>	<p>The Business Analysts plays a key role in designing, building and implementing our strategic priorities, focusing on efficiencies, effectiveness, designing new services and regulatory regimes, and improving productivity and the customer experience. The Business Analyst is responsible, at a project level, for baselining current activities, the articulation of business and customer requirements, the design of future state target operating models and providing implementation and continuous improvement support to the operation.</p>
<b>IR35 ASSESSMENT</b>	 IR35 result.pdf
<b>COMMENCEMENT DATE</b>	<b>01/09/2020</b>
<b>END DATE</b>	<b>24/11/2020</b>
<b>TERMINATION</b>	<b>A Termination Notice Period of one (1) weeks is applicable to this assignment, unless otherwise agreed in writing between both parties.</b>

### PART 3 : FEES / CHARGES

i) DAILY CHARGE RATE APPLICABLE

Pay Rate	WTD	Premium	NI	Pension	Candidate rate	Agency %	Total Charge
					£475 p/d	16%	£551 X 60 = £33,060

**ii) TRAVEL AND SUBSISTENCE**

Where appropriate, HSE will pay actual and reasonable Travel and Subsistence costs to the contracted Interim Personnel, subject to the prior approval of their HSE Line Manager and in line with the following HSE Standard Travel and Subsistence rates.



Travel and Subsistence Rates.doc

**PART 4 : INVOICING & PAYMENTS**

All invoices raised must include the relevant Purchase Order number. Failure to include the Purchase Order Number may delay payment. In all cases invoices should be submitted to the following address :

<b>INVOICING ADDRESS</b> (electronic only)	<a href="mailto:APinvoices-HAS-U@gov.sscl.com">APinvoices-HAS-U@gov.sscl.com</a>
<b>PURCHASE ORDER NO.</b> (to be quoted on all invoices)	

## PART 5 : SIGNATORIES

By signing and returning this Order Form the Contractor agrees to enter into a legally binding contract with HSE to provide the services under the terms of the Form of Agreement and specified in the Order Form.

### IN WITNESS WHEREOF THIS CONTRACT HAS BEEN AGREED:

Signature .....

Name in Capitals .....

Position .....

Date .....

Duly authorised to sign on behalf of

#### **HAYS IT**

5th Floor, City Tower, Manchester M1 4BT

Signature .....

Name in Capitals .....

Position .....

Date .....

Duly authorised to sign on behalf of the

#### **HEALTH AND SAFETY EXECUTIVE**

2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS