



HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1 : CLIENT INFORMATION

CUSTOMER	HEALTH AND SAFETY EXECUTIVE
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	
HSE CONTRACT REF NO.	1.11.4.3885

CONTRACTOR	LA International
SERVICE ADDRESS	International House Festival Way Stoke-On-Trent ST1 5UB
ACCOUNT MANAGER	

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
----------------------------------	--

FRAMEWORK DISCIPLINE AREA	SD – National Core Study (Covid)
JOB ROLE / TITLE	Portfolio Information Lead
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	 1.11.4.3885 Portfolio Informatio
IR35 ASSESSMENT	 IR35.pdf Please ensure this outcome is passed to your client. If your client is unhappy with the status of this IR35 award they can e-mail tenders@hse.co.uk for further information.
COMMENCEMENT DATE	1 June 2021
END DATE	31 March 2022
TERMINATION	A Termination Notice Period of one (1) weeks is applicable to this assignment, unless otherwise agreed in writing between both parties.

PART 3 : FEES / CHARGES

i) DAILY CHARGE RATE APPLICABLE

Date From	To	No Days	Candidate Daily Rate	Daily Agency Fee	Total Daily Fee
01/06/2021	31/03/2022	214	£310.00	£40.00	£350.00
	Total	214	£66,340.00	£8560.00	£74,900.00

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 :

INVOICING ADDRESS (electronic only)	APinvoices-HAS-U@gov.sscl.com With a copy invoice to the line manager
PURCHASE ORDER NO. (to be quoted on all invoices)	4307xxxxxxxx To be advised by Line Manager

Invoices should also include details of the named individual, along with the completed days that they have worked and any VAT properly chargeable.

The **Contractor** shall send a copy invoice to the **HSE Contract Manager** identified at **Part 1**.

HSE shall make payment of agreed costs, in arrears, within 30 days of the acceptance of the invoice.

Please note: It is extremely important that your invoice is laid out as per the HSE Purchase Order, i.e. Line Numbering and Description.

It must be in pdf format only (flat pdf with no text enabled/embedded/enriched content), using one of the following fonts:-

- TrueType;
- Type 0 (CID); and
- Type 1.

In doing this, you will prevent the invoice being rejected by SSCL.

If you are not advised of the PO No. within **5 working days of contract signature**, then please contact the **HSE Contract Manager**, who will be able to provide you with an update and details of when the PO will be sent to you.

Please note: HSE Contracts Team are not always made aware of this PO No. and therefore, to contact them will cause an added delay.

All Invoice queries must, in the first instance be taken up with **HSE's Shared Service Department, SSCL**. They can be contacted on 0345 241 5356 or 0845 241 5356 (Option 2). Alternatively, you can email them via has-finance-ap-enquiries@gov.sscl.com

If they are unable to offer you an answer to your queries, then you should contact the **HSE Contract Manager** via email, detailing the **Contract Reference No.**, the **PO No. (if you have one)**, and details of what your queries are.

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

**LA International
International House, Festival Way, Stoke-On-Trent, ST1 5UB**

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**