ORDER FORM

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

ORDER FORM: LOTS 3 TO 8 – EMAIL VERSISON

DIRECT AWARD ORDER TEMPLATE : LOTS 3 TO 8		
TEMPORARY STAFF TEMPLATE DIRECT ORDER FORM		
CROWN COMMERCIAL SERVICE RM971: SUPPLY OF NON MEDICAL NON CLINICAL FRAMEWORK AGREEMENT		
ORDER NUMBER:	**project_23395**	
CUSTOMER ORGANISATION NAME:	**Defra**	
CUSTOMER ORGANISATION ADDRESS:	Nobel House 17 Smith Square London SW1P 3JR	
INVOICE ADDRESS (if different)	SSCL, PO Box 790, Phoenix House, Celtic Springs Business Park, Newport NP10 8FZ	
CONTACT REFERENCE	███████████████████	
SUPPLIER NAME:	LA International Computer Consultants Ltd	
SUPPLIER ADDRESS:	International House, Festival Park, Stoke-On-Trent, Staffordshire, ST1 5UB	
JOB ROLE/TITLE:	Senior Developer	
RM971 FRAMEWORK LOT:	5	
NUMBER OF ROLES REQUIRED:	1	
CHARGES PAYABLE BY CUSTOMER (EX. VAT):	**Pre-AWR**	**Post-AWR**
DAILY PAY RATE EXC VAT:	████████	████████
DAILY TOTAL CHARGE RATE EXC VAT:	████████	████████
DISCOUNTS APPLICABLE:	N/A	
AGENCY TEMPORARY WORKER NAME:	████████	
DATE REQUIRED:	01/05/18	
ANTICIPATED END DATE:	31/10/18	
HOURS/DAYS PER WEEK REQ'D:	37 / 5	
ANY UNSOCIAL HOURS (OUTSIDE 8AM TO 6PM MON TO FRIDAY) REQUIRED? GIVE DETAIL:	N/A	
FEE TYPE:	1. Patient Facing 2. Non-Patient Facing (Disclosure) 3. Non-Patient Facing (No Disclosure)	
DBS REQUIRED (FEE TYPE 1 AND 2 ONLY)	1. Basic 2. Standard	

	3. ~~Enhanced~~
HIGH COST AREA SUPPLEMENT?	1. None 2. ~~Inner London~~ 3. ~~Outer London~~ 4. ~~Fringe~~
REGULATED OR CONTROLLED ACTIVITY (ISA)?	As per Job Description supplied
NAME OF PROFESSIONAL BODY IF REGISTRATION REQ'D:	As per Job Description supplied
QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:	As per Job Description supplied
TRAINING ESSENTIAL TO PERFORMANCE OF THE ROLE:	As per Job Description supplied
SKILLS ESSENTIAL TO THE ROLE:	As per Job Description supplied
HEALTH & SAFETY RISKS RELEVANT TO THE ROLE:	N/A
PERSON AND DEPT. TO WHOM WORK-SEEKER SHOULD REPORT AT START:	███████████
POST CODE OF LOCATION WITH REQUIREMENT:	
EXPENSES ALLOWABLE IN THE ROLE? (PROVIDE DETAILS):	███████████
CUSTOMER CONTRACTUAL REQUIREMENTS:	
Assignment can be ended by Customer with 1 weeks' notice	
RM971 FRAMEWORK SUPPLIER TO CONFIRM BOOKING BY COMPLETION OF ASSIGNMENT CHECKLIST	

1. **FORMATION OF CALL OFF CONTRACT**

    1.1 **BY AGREEING AND RETURNING THIS ORDER FORM (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 accepting the order form 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 (by electronic means) the receipt of an accepted copy of the Order Form from the Supplier within two (2) Working Days from receipt.**