



## HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

### PART 1 : CLIENT INFORMATION

<b>HEALTH AND SAFETY EXECUTIVE CUSTOMER</b>	Health & Safety Executive
<b>SERVICE ADDRESS</b>	Science & Research Centre Harpur Hill Buxton Derbyshire SK17 9JN
<b>LINE MANAGER</b>	[REDACTED] [REDACTED] (timesheet authorisation, as above unless stated otherwise)
<b>HSE CONTRACT REF NO.</b>	1.11.4.3773

<b>CONTRACTOR</b>	ELECTUS RECRUITMENT
<b>SERVICE ADDRESS</b>	Richmond House Richmond Hill Bournemouth BH2 6EZ
<b>ACCOUNT MANAGER</b>	[REDACTED] [REDACTED] [REDACTED]

**PART 2 : SERVICE REQUIREMENTS**

<b>NAME OF INTERIM PERSONNEL</b>	
<b>FRAMEWORK DISCIPLINE AREA</b>	<b>Science Division – National Core Study</b>
<b>JOB ROLE / TITLE</b>	<b>Programme Manager</b>
<b>JOB DESCRIPTION</b> (including details if part-time / full-time, hours of work, location)	 1.11.4.3773%20Job%20Description%20
<b>IR35 ASSESSMENT</b>	 IR35.pdf
<b>COMMENCEMENT DATE</b>	<b>4 January 2021</b>
<b>END DATE</b>	<b>31 March 2021</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**

<u>Date From</u>	<u>To</u>	<u>No Days</u>	<u>Candidate Daily Rate</u>	<u>Daily Agency Fee</u>	<u>Total Daily Fee</u>
<b>04/01/2021</b>	<b>31/03/2021</b>	<b>63</b>	<b>£550.00</b>	<b>£82.50</b>	<b>£632.50</b>
<b>Totals</b>			<b>£34,650.00</b>	<b>£5197.50</b>	<b>£39,847.50</b>

**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>  Copy to Line Manager
<b>PURCHASE ORDER NO.</b> (to be quoted on all invoices)	To Be Confirmed

## 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

\_\_\_\_\_ 21 | 12 | 2020

Duly authorised to sign on behalf of

**ELECTUS RECRUITMENT**

Richmond House, Richmond Hill, Bournemouth, BH2 6EZ

Signature

\_\_\_\_\_

Name in Capitals

\_\_\_\_\_

Position

\_\_\_\_\_

Date

\_\_\_\_\_ 5th January 2021

Duly authorised to sign on behalf of the

**HEALTH AND SAFETY EXECUTIVE**

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