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.	**1.11.4.4114.**

CONTRACTOR	**HAYS IT**
SERVICE ADDRESS	**5th Floor City Tower Manchester M1 4BT**
ACCOUNT MANAGER	

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	

FRAMEWORK DISCIPLINE AREA	**OSD**
JOB ROLE / TITLE	**Business Analyst**
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	JD - Interim - Business Analyst -.d
IR35 ASSESSMENT	IR35 Result.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	**30th November 2021**
END DATE	**31st 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	Date To	No. Days	Candidate Daily Rate	Daily Agency Fee	Total Daily Fee
30/11/2021	31/03/2022	85	£600	£50	£650

	Totals		**£51,000**	**£4250**	**£55,250**

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 follwing HSE Standard Travel and Subsistence rates.

Travel and Subsistance Rates.d

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 ivoices should be submitted to the following address :

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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)	**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. 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 sometimes not 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 Contact Manager** via email, detailing the **Contract Reference No.**, the **PO No.**, and details of what your query is.

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 Procurement Manager

Date .....

Duly authorised to sign on behalf of the

HEALTH AND SAFETY EXECUTIVE
2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS