

# **RM6160: Non Clinical Temporary and Fixed Term Staff (Short Form)**

**For help with completing this Order Form please refer to the Short Order Form FAQ's [here](#)**

**Guidance:**

This Order Form, when completed and signed by both you (the Contracting Authority) and the Supplier, forms a Call-Off Contract from CCS framework RM6160, Non Clinical Temporary and Fixed Term Staff. Signing the Order Form ensures that both parties are able to compliantly use the terms and conditions agreed from the procurement exercise.

You can complete and execute a Call-Off contract by using an equivalent document or electronic purchase order system. If an electronic purchasing system is used, the text below must be copied into the electronic order form.

**Order Form Template**

This Order Form is for the provision of the Call-Off Deliverables. It is issued under the **Framework Contract RM6160**: Non Clinical Temporary and Fixed Term Staff.

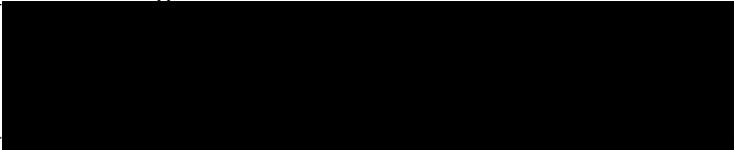
<b>Contracting Authority Name</b>	NHS Arden & Greater East Midlands Commissioning Support Unit
<b>Contracting Authority Contact</b>	██████████
<b>Contracting Authority Address</b>	Cardinal Square, 10 Nottingham Road, Derby, DE1 3QT
<b>Invoice Address (if different)</b>	NHS Arden and GEM CSU ODE Payables M405 Shared Business Service PO Box 312 LEEDS LS11 1HP  Invoices: <a href="mailto:sbs.apinvoicing@nhs.net">sbs.apinvoicing@nhs.net</a>

<b>Supplier Name</b>	Seymour John Public Services (Midlands) Limited
<b>Supplier Contact</b>	██████████
<b>Supplier Address</b>	██████████ ██████████ ██████████

<b>Framework Ref</b>	RM6160: Non Clinical Temporary and Fixed Term Staff
<b>Framework Lot</b>	2
<b>Order reference number (e.g. purchase order number)</b>	Tender ref: AGEMCSU/TRANS/23/1542 PO number TBC
<b>Date order placed</b>	
<b>Call off Start Date</b>	June 2023
<b>Call-Off Expiry Date</b>	March 2024
<b>Extension Options</b>	No option to extend

**Order Form Template (Short Form)**

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<b>GDPR Position</b>	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller
<b>Job role / Title</b>	N/A – Tender project awarded – see attached documents “1542 Attachment 3” and “Price schedule” for details
<b>Temporary or Fixed Term Assignment</b>	N/A – Tender project awarded – see attached documents “1542 Attachment 3” and “Price schedule” for details
<b>Hours / Days required</b>	N/A – Tender project awarded – see attached documents “1542 Attachment 3” and “Price schedule” for details
<b>Unsocial hours required – give details</b>	N/A
<b>High cost area supplement details (NHS only)</b>	<ol style="list-style-type: none"> <li>1. None</li> <li>2. Inner London</li> <li>3. Outer London</li> <li>4. Fringe</li> </ol>
<b>Price Schedule</b>	

<b>Pay band (use rate card to determine this)</b>	N/A – Tender project awarded – see attached documents “1542 Attachment 3” and “Price schedule” for details	
<b>Fee Type</b>	<ol style="list-style-type: none"> <li>1. Patient Facing</li> <li>2. Non-Patient Facing (Disclosure required)</li> <li>3. Non-Patient Facing (No Disclosure required)</li> </ol>	
<b>Expenses to be paid or benefits offered</b>	N/A – Tender project awarded	
<b>Expenses to be paid by Temporary Worker</b>	N/A – Tender project awarded	
<b>Charge rates</b>	Pre-AWR	Post-AWR
	£ (Hour/Day)	£ (Hour/Day)
	£ (Hour/Day)	£ (Hour/Day)
<b>Method of payment</b>	BACS	
<b>Discounts applicable</b>		

<b>Criminal records check required</b>	No
<b>BPSS required</b>	No
<b>State any other required clearance and/or background checking</b>	Not required
<b>State any skills, mandatory training and qualifications necessary for the role</b>	Not required

**CALL-OFF INCORPORATED TERMS**

The Call-Off Contract, Core Terms and Joint Schedules' for this Framework Contract are available on the CCS website. Visit the [Non Clinical Temporary and Fixed Term Staff](#) web page and click the 'Documents' tab to view and download these.

**CALL-OFF DELIVERABLES**

The requirement	

**PERFORMANCE OF THE DELIVERABLES**

<b>Key Staff</b>
<b>Key Subcontractors</b>
N/A

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:		Signature:	
Name:		Name:	
Role:	Director	Role:	Managing Director
Date:	10/7/23	Date:	19/07/23