



## **HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM**

### **PART 1 : CLIENT INFORMATION**

<b>CUSTOMER</b>	<b>HEALTH AND SAFETY EXECUTIVE</b>
<b>SERVICE ADDRESS</b>	<b>Redgrave Court, Bootle, Liverpool L20 7HS</b>
<b>LINE MANAGER</b>	<b>(timesheet authorisation, as above unless stated otherwise)</b>
<b>HSE CONTRACT REF NO.</b>	<b>1.11.4.3724</b>

<b>CONTRACTOR</b>	<b>SmartSourcing Limited</b>
<b>SERVICE ADDRESS</b>	<b>Silk Mill House, 21 Marsh Parade, Newcastle-under-Lyme, Newcastle ST5 1BT</b>
<b>ACCOUNT MANAGER</b>	

## PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	OSD
JOB ROLE / TITLE	Senior Business Adviser
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	 Senior Business Analyst Job Descript
DELIVERABLES	
IR35 ASSESSMENT	 IR35 result for interims.pdf
COMMENCEMENT DATE	19 October 2020
END DATE	31 <sup>st</sup> March 2021
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**

<b><u>Date From</u></b>	<b><u>To</u></b>	<b><u>No Days</u></b>	<b><u>Candidate Daily Rate</u></b>	<b><u>Daily Agency Fee</u></b>	<b><u>Total Daily Fee</u></b>
19/10/2020	31/03/2021	115	£370	£30	£400
	<b>TOTAL</b>		<b>£42550</b>	<b>£3450</b>	<b>£46,000</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>
<b>PURCHASE ORDER NO.</b> (to be quoted on all invoices)	<b>To be advised</b>

## 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 9<sup>th</sup> October 2020 .....

Duly authorised to sign on behalf of

#### **SMARTSOURCING LIMITED**

Silk Mill House, 21 Marsh Parade, Newcastle-under-Lyme, Newcastle ST5 1BT

Signature .....

Name in Capitals .....

Position .....

Date 12<sup>th</sup> October 2020 .....

Duly authorised to sign on behalf of the

#### **HEALTH AND SAFETY EXECUTIVE**

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