




HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1 : CLIENT INFORMATION

HEALTH AND SAFETY EXECUTIVE CUSTOMER	
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	
HSE CONTRACT REF NO.	1.11.4.3701

CONTRACTOR	Certes
SERVICE ADDRESS	3, The Courtyard, Roman Way, Coleshill, Birmingham, B46 1HQ
ACCOUNT MANAGER	

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	OSD
JOB ROLE / TITLE	User Researcher
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	<ul style="list-style-type: none">• Collaborate with stakeholders to develop and advocate appropriate research strategies to understand user needs for a service.• Ensure the full range of user groups are engaged, including currently hard to reach groups.• Design, plan, and conduct user research activities to enable the development and continuous improvement of digital services and ensure user needs are understood.• Source and procure participants and facilities to conduct user research activities
DELIVERABLES	
IR35 ASSESSMENT	 IR35.pdf
COMMENCEMENT DATE	19 August 2020
END DATE	20 November 2020
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

<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>
19/08/2020	20/11/2020	67	£600	£50	£650

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 :

INVOICING ADDRESS (electronic only)	APinvoices-HAS-U@gov.sscl.com
PURCHASE ORDER NO. (to be quoted on all invoices)	To be advised

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

CERTES

3, The Courtyard, Roman Way, Coleshill, Birmingham, B46 1HQ

Signature

Name in Capitals

Position

Date

Duly authorised to sign on behalf of the

HEALTH AND SAFETY EXECUTIVE

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