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

#### **Order Form Template (Short Form)**

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#### **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.

Contracting Authority	Department of Health and Social Care
Name	
<b>Contracting Authority</b>	Authoriser Name:
Contact	Tel:
	Email:
Contracting Authority Address	39 Victoria Street, London, SW1H 0EU
Invoice Address (if different)	

Supplier Name	Allen Lane
Supplier Contact	
Supplier Address	33 King Street
	London
	SW1Y 6RJ

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff	
Framework Lot	2	
Call-Off (Order) Ref	C334493	
Order Date	28/1/25	
Call off Start Date	11/3/25	
Call-Off Expiry Date	30/9/25	
<b>Extension Options</b>	To be agreed	
GDPR Position	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller	
Number of roles required:	1	
Number of CV's required:	1	
Job role / Title	Interim Manager	
Temporary or Fixed Term Assignment	Temporary	
Hours / Days required		

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Unsocial hours required – give details	As agreed
High cost area supplement details	1. None
Immunisation requirements? (Fee type 1 only)	N/A

Pay band	10B	10B		
Fee Type	1. Patient Facing			
	2. Non-Patient Facing (Disclosure)			
	3. Non-Patient Facing (No Disclosure)			
Expenses to be paid or	None, unless in line with DHSC policy and pre-authorised by			
benefits offered	line manager first.			
	Individual will be contracted to their nearest DHSC office			
	Expenses will only apply when not travelling to their contracted			
	office			
Expenses to be paid by	TBC			
Temporary Worker				
Charge rates	Pre-AWR	Post-AWR		
	n/a			
	n/a			
Method of payment	The candidate will submit a weekly timesheet for approval. The			
	Service Provider will charge per day quoting the purchase order			
	number on the invoice.			
	Acceptance will be indicated through the approval of a timesheet.			
Discounts applicable	CCS RM6160 terms apply			

Criminal records check	Completed
BPSS required	Yes
State required clearance	BPSS in place
and background checking	
Skills, mandatory training	DHSC policies and practices apply included the CS Code of
and qualifications	Conduct and Official Secrets Act
necessary for the role	

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### **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		
•	As per previous contract	

#### PERFORMANCE OF THE DELIVERABLES

• • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
Key Staff		
Key Subcontractors		
N/A		

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:		Signature:	
Name:		Name:	
Role:		Role:	
Date:	28/1/25	Date:	29/01/25