Order Form Template (Short Form)

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Framework Schedule 6 (Order Form Template and Call-Off Schedules)
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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.

Contracting Authority	Secretary of State for Health and Social Care acting as part of the
Name	Crown
Contracting Authority Contact	Redacted in line with Section 40 of T
Contracting Authority Address	39 Victoria St, London, SW1H 0EU
Invoice Address (if different)	Redacted in line with Section 40 of The FOIA

Supplier Name	Michael Page		
Supplier Contact	Redacted in line with Section 40 of		
Supplier Address	1 Victoria House, Southampton Row, London, WC1B 4JB		

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff		
Framework Lot	Lot 2		
Order reference number (e.g. purchase order number)			
Date order placed			
Call off Start Date	27 h May 2021		
Call-Off Expiry Date	27 h May 2022		
Extension Options			
GDPR Position	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller		

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Job role / Title	Digital Communications Officer	
Temporary or Fixed Term Assignment		
Hours / Days required	37.5 hours per week	
Unsocial hours required – give details	N/A	
High cost area supplement details (NHS only)	ails 2. Inner London	
Immunisation requirements? (Fee type 1 only)		

Pay band (use rate card to determine this)	Band 5	
Fee Type	Non-Patient Facing (Disclosure required)	
Expenses to be paid or benefits offered	NA	
Expenses to be paid by Temporary Worker	NA	
Charge rates	Redacted in line with Section	
Method of payment	PO/INVOICE – Weekly	
Discounts applicable	NA	

Criminal records check	Yes
required	
BPSS required	Yes
State any other required	NA
clearance and/or	
background checking	
State any skills,	NA
mandatory training and	
qualifications 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
Redacted in line with Section 43 of The FOIA

PERFORMANCE OF THE DELIVERABLES

Key Staff	
Redacted in line with Section 40 of 11	
Key Subcontractors	

For and on be	ehalf of the Supplier:	For and on be	half of the Contracting Authority:
Signature:	Redacted in line with Section 40 of The FOIA	Signature:	Redacted in line with Section 40 of The FOIA
Name:		Name:	
Role:		Role:	
Date:	08/09/2021	Date:	14/09/2021