

**Order Form Template (Short Form)**

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**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>	Department for Business, Energy & Industrial Strategy (BEIS)
<b>Contracting Authority Contact</b>	Name: REDACTED Tel: REDACTED E-mail: REDACTED
<b>Contracting Authority Address</b>	1 Victoria Street London SW1H 0ET
<b>Invoice Address (if different)</b>	c/o UK SBS, Queensway House, West Precinct, Billingham, TS23 2NF or email <a href="mailto:finance@services.uksbs.co.uk">finance@services.uksbs.co.uk</a>

<b>Supplier Name</b>	Allen Lane Limited
<b>Supplier Contact</b>	Name: REDACTED Tel: REDACTED E-mail: REDACTED
<b>Supplier Address</b>	33 King Street, St. James's, London, SW1Y 6RJ

<b>Framework Ref</b>	RM6160: Non Clinical Temporary and Fixed Term Staff
<b>Framework Lot</b>	2
<b>Call-Off (Order) Ref</b>	CS21538
<b>Order Date</b>	08/10/2021
<b>Call off Start Date</b>	01/10/2021
<b>Call-Off Expiry Date</b>	24/11/2021
<b>Extension Options</b>	N/A
<b>GDPR Position</b>	Independent Controller
<b>Number of roles required:</b>	1
<b>Number of CV's required:</b>	1
<b>Job role / Title</b>	Business Case Specialist
<b>Temporary or Fixed Term Assignment</b>	Temporary
<b>Hours / Days required</b>	Full Time- Mon-Fri / Maximum of REDACTED working days
<b>Unsocial hours required – give details</b>	N/A
<b>High cost area supplement details</b>	None
<b>Immunisation requirements? (Fee type 1 only)</b>	N/A

<b>Pay band</b>	10A
<b>Fee Type</b>	N/A

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<b>Expenses to be paid or benefits offered</b>	N/A	
<b>Expenses to be paid by Temporary Worker</b>	N/A	
<b>Charge rates</b>	Pre-AWR	Post-AWR
	£ REDACTED (/Day)	£ REDACTED (/Day)
	The total contract value shall not exceed £ REDACTED excluding VAT as per the breakdown below;	
	REDACTED : REDACTED Working Days @ £ REDACTED ex VAT = REDACTED ex VAT	
<b>Method of payment</b>	It is the viewpoint of the contracting authority that the candidate above is in scope of the intermediaries legislation (IR35). All workers are subject to 5 working days' notice period.	
	The supplier shall issue electronic invoices weekly in arrears following customer approval of the workers timesheet. The customer shall pay the supplier within thirty (30) calendar days up receipt and acceptance of a valid invoice.	
	Invoices will be issued weekly with charges as per the Framework Agreement. The Contracting Authority confirms that the pay to the Temporary Worker will reflect the comparator rate under AWR and full holiday entitlement from day 1 of the assignment of 33 days excluding bank holidays.	
	Invoice to include purchase order number and contract reference shall be sent to <a href="mailto:finance@services.uksbs.co.uk">finance@services.uksbs.co.uk</a> .	
<b>Discounts applicable</b>	N/A	

<b>Criminal records check</b>	N/A
<b>BPSS required</b>	Yes
<b>State required clearance and background checking</b>	None
<b>Skills, mandatory training and qualifications necessary for the role</b>	Skills held by the named candidates

## 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
<ul style="list-style-type: none"> <li>• Service for a team to implement a project management office for the Delivery Transformation Project</li> <li>• Development and implementation of standardised reporting templates for the project team and all relevant stakeholders</li> <li>• Development of specialised reports for tracking KPIs which captures all relevant project data</li> <li>• Development and implementation of communication strategy to relevant stakeholders</li> <li>• Set up appropriate governance function including establishing and maintaining agreed PMO standards</li> <li>• Training of PMO and tools usage to relevant stakeholders</li> </ul>

## PERFORMANCE OF THE DELIVERABLES

Key Staff
<b>REDACTED</b>
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:		Date:	