

Crown Commercial Service

Template Call Off Form and Template Call Off Terms for The Supply of Non Medical
Non Clinical (NMNC) temporary and fixed term staff

Contract T3704

ORDER FORM

**THE SUPPLY OF NON MEDICAL NON CLINICAL (NMNC) TEMPORARY
AND FIXED TERM STAFF FRAMEWORK AGREEMENT: RM971**

FROM: *[GUIDANCE NOTE: To be populated by the Contracting Body]*

| | |
|--------------------------------------|---|
| CUSTOMER | HEALTH AND SAFETY EXECUTIVE |
| SERVICE ADDRESS | REDGRAVE COURT MERTON ROAD BOOTLE MERSEYSIDE L20 7HS |
| INVOICE ADDRESS(if different) | |
| CONTACT REFERENCE | |
| ORDER NUMBER | 1.11.4.3704. |
| ORDER DATE | 17/08/2020 |

TO: *[GUIDANCE NOTE: To be populated by the Contracting Body]*

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| SERVICE PROVIDER | REED GLOBAL |
| SERVICE PROVIDER'S ADDRESS | 1 Derby Square Liverpool L2 - 9QR |
| ACCOUNT MANAGER | |
| PART 1: SERVICE REQUIREMENT <i>[GUIDANCE NOTE: Contracting Bodies Service requirements to be inserted in below]</i> | |
| PART 1.1: SERVICE AND DELIVERABLES REQUIRED: Temporary Worker Requirements: | |
| RM971 LOT: | 3 |
| NUMBER OF ROLES REQUIRED: | 1 |

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| JOB ROLE/TITLE: | Health Safety & Wellbeing team |
| AGENDA FOR CHANGE PAY BAND: | 6 |
| AGENDA FOR CHANGE PAY POINT: (LOWEST WITHIN AFC PAY BAND UNLESS STATED) | 20 |
| HOURS/DAYS REQUIRED: | 3 Days per week / 42 days in total unless agreed in writing, to extend, by all parties |
| ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL) [OUTSIDE 8AM TO 6PM MON TO FRIDAY] | N/A |
| FEE TYPE: | 1. Patient Facing 2. Non-Patient Facing (Disclosure) 3. Non-Patient Facing (No Disclosure) |
| IMMUNISATION REQUIREMENTS (FEE TYPE 1 ONLY) | N/A |
| DBS REQUIRED (FEE TYPE 1 AND 2 ONLY) | 1. Basic 2. Standard 3. Enhanced |
| HIGH COST AREA SUPPLEMENT? | 1. None |
| REGULATED OR CONTROLLED ACTIVITY (ISA)? | N/A |
| SKILLS, TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE: | Administrative role |
| PERSON AND DEPT TO WHOM WORK-SEEKER SHOULD REPORT AT START: | |
| POST CODE OF LOCATION WITH REQUIREMENT: | L20 7HS |
| RM971 LOT: | 3 |
| NUMBER OF ROLES REQUIRED: | 1 |
| JOB ROLE/TITLE: | Health Safety & Wellbeing team |
| AGENDA FOR CHANGE PAY BAND: | 6 |
| ADDITIONAL REQUIREMENTS: | N/A |
| PART 1.2: ANCIPATED DURATION OF CONTRACT | |
| COMMENCEMENT DATE: | 25 August 2020 (3 days per week) |

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| ANTICIPATED END DATE: | 25 November 2020 | |
| TEMPORARY / FIXED TERM ASSIGNMENT: | TEMPORARY | |
| PART 1.3: MILESTONES AND KEY DELIVERABLES | | |
| TBA | | |
| PART 1.4: CHARGES PAYABLE BY CUSTOMER (INCLUDING ANY APPLICABLE DISCOUNT AND METHOD OF PAYMENT E.G. GOVERNMENT PROCUREMENT CARD OR BACS): | | |
| <i>[GUIDANCE NOTE: This should not be substantially of materially different from the Charges set out in Schedule 3 to the Framework Agreement]</i> | | |
| | Pre-AWR | Post-AWR |
| Pay to Worker(s) | £85.28pd | £ (Hour/Day) |
| Pay to Agency | £34.68pd | |
| Total Charge | £119.96pd plus VAT £5,038.32 plus VAT total cost | £ (Day) |
| DISCOUNTS APPLICABLE: | [N/A] | |
| PART 1.5: ACCEPTANCE PRIOR TO PAYMENT | | |
| <i>[GUIDANCE NOTE: Completion of an assignment checklist by Service Provider]</i> | | |
| PART 2: CUSTOMER CONTRACTUAL REQUIREMENTS | | |
| Termination notice period of 1 week, or sooner if agreeable to all parties. | | |
| PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS | | |
| <i>[GUIDANCE NOTE: This Part 3 must only be used if a further competition is being used to select the Service Provider. Completion of this section for direct ordering is in breach of the Public Contracts Regulation 2006]</i> | | |
| PART 3.1: SUPPLEMENTAL REQUIREMENTS IN ADDITION TO CALL-OFF TERMS AND CONDITIONS: | N/A | |
| PART 3.2: VARIATIONS TO CALL-OFF TERMS AND CONDITIONS: | N/A | |

| PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES | |
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| PART 4.1: KEY PERSONNEL OF THE SERVICE PROVIDER TO BE INVOLVED IN THE SERVICES AND DELIVERABLES: | |
| PART 4.2: SUB-CONTRACTORS TO BE INVOLVED IN THE SERVICES AND DELIVERABLES: | N/A |
| PART 5: CONFIDENTIAL INFORMATION | |
| PART 5.1: THE FOLLOWING INFORMATION SHALL BE DEEMED COMMERCIAL SENSITIVE INFORMATION OR CONFIDENTIAL INFORMATION: | <p>This post has been deemed to be Inside of the IR35 Intermediaries Legislation.</p> <p>The Contractor is required to deduct tax and NI at source from any payments made to the Agency Worker.</p> |



Travel and
Subsistence Rates.doc

BY SIGNING AND RETURNING THIS ORDER FORM THE SERVICE PROVIDER AGREES to enter a legally binding contract with the Customer to provide to the Customer the Services specified in the Service Order Requirements set out in this Order Form [(together with where completed and applicable, the further-competition order (additional requirements))] incorporating the rights and obligations in the Call-Off Terms and Conditions set out in the Framework Agreement between the Service Provider and the Minister for the Cabinet Office.

FOR AND ON BEHALF OF THE SERVICE PROVIDER:

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| NAME: | |
| TITLE: | |
| SIGNATURE: | |
| DATE: | |

FOR AND ON BEHALF OF THE CUSTOMER:

| | |
|-------------------|----------------------------|
| NAME: | |
| TITLE: | PROCUREMENT MANAGER |
| SIGNATURE: | |
| DATE: | |
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1. FORMATION OF CALL OFF CONTRACT

- 1.1 BY SIGNING AND RETURNING THIS ORDER FORM (which may be done by electronic means) the Supplier agrees to enter a Call Off Contract with the Customer to provide the Services.**
- 1.2 The Parties hereby acknowledge and agree that they have read the Order Form and the Call Off Terms and by signing below agree to be bound by this Call Off Contract.**
- 1.3 In accordance with paragraph 7 of Framework Schedule 5 (Call Off Procedure), the Parties hereby acknowledge and agree that this Call Off Contract shall be formed when the Customer acknowledges (which may be done by electronic means) the receipt of the signed copy of the Order Form from the Supplier within two (2) Working Days from receipt.**