

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

Order Form

CALL-OFF REFERENCE: [REDACTED]

THE BUYER: Ambulance Radio Programme contracting on
behalf of the Department of Health and Social Care

BUYER ADDRESS Equinox North, Great Park Road, Bradley Stoke,
Bristol, BS32 4QL

THE SUPPLIER: Cedar Recruitment Limited

SUPPLIER ADDRESS: 20-22 Great Titchfield Street, London, W1W 8BE

REGISTRATION NUMBER: 04665436

This Order Form, when completed and executed by both Parties, forms a Call-Off Contract. A Call-Off Contract can be completed and executed using an equivalent document or electronic purchase order system.

If an electronic purchasing system is used instead of signing as a hard-copy, text below must be copied into the electronic order form **starting from ‘APPLICABLE FRAMEWORK CONTRACT’ and up to, but not including, the Signature block.**

APPLICABLE FRAMEWORK CONTRACT

This Order Form is for the provision of the Call-Off Deliverables and dated 24 April 2025.

It’s issued under the Framework Contract with the reference number RM6277 for the provision of Non Clinical Staff.

CALL-OFF LOT(S):
[Lot 2 - Corporate Functions]

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CALL-OFF INCORPORATED TERMS

This is a Bronze Contract.

The following documents are incorporated into this Call-Off Contract. Where numbers are missing we are not using those schedules. If the documents conflict, the following order of precedence applies:

1. This Order Form.
2. Joint Schedule 1 (Definitions and Interpretation) RM6277
3. The following Schedules in equal order of precedence:
 - Joint Schedules for RM6277
 - Joint Schedule 2 (Variation Form)
 - Joint Schedule 3 (Insurance Requirements)
 - Joint Schedule 4 (Commercially Sensitive Information)
 - Joint Schedule 7 (Financial Difficulties including Annex 5 Optional Terms for Bronze Contracts)
 - Joint Schedule 10 (Rectification Plan)
 - Joint Schedule 11 (Processing Data)
 - Call-Off Schedules for RM6277
 - Call-Off Schedule 1 (Transparency Reports)
 - Call-Off Schedule 2 (Staff Transfer)
 - Call-Off Schedule 3 (Continuous Improvement)
4. CCS Core Terms (version 3.0.11)
5. Joint Schedule 5 (Corporate Social Responsibility) RM6277

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

CALL-OFF START DATE: 19 May 2025

CALL-OFF EXPIRY DATE: 19 November 2025

CALL-OFF DELIVERABLES

The provision of Non Clinical Temporary staff or any other temporary staff or fixed term workers. [REDACTED]

Job Role/Title	Contract Manager
Assignment Type	[REDACTED]
Hours/Days required	[REDACTED]
Detail on unsocial hours required	[REDACTED]

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High cost area supplements that may apply	
Immunisations required	
Fee Type	
Equivalent Agenda for Change (NHS) Pay band (as determined by the rate card)	
Expenses to be paid or benefits offered	
Expenses to be paid by Temporary Worker	
Disclosure and Barring Service check requirements	
BPSS required	
State any other required clearance and/or background checking	
State any skills, mandatory training and qualifications necessary for the role (those defined by the Framework Specification apply by default)	
Supplier to provide ID badges?	

GDPR POSITION

The GDPR provisions for this Call-Off Contract are stated in Joint Schedule 11 – Processing Data, and its annexes.

The contact details of the Relevant Authority's Data Protection Officer are:

The contact details of the Supplier's Data Protection Officer are:

MAXIMUM LIABILITY

Each Party's total aggregate liability in each Contract Year under each Call-Off Contract (whether in tort, contract or otherwise) is no more than the greater of £1 million or 150% of the Estimated Yearly Charges.

CALL-OFF CHARGES

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[REDACTED]

PAYMENT METHOD
BACS

BUYER'S INVOICE ADDRESS:

[REDACTED]

DHSC – Department of Health & Social Care
39 Victoria Street
London
SW1H 0EW
England

BUYER'S AUTHORISED REPRESENTATIVE

[REDACTED]

SUPPLIER'S AUTHORISED REPRESENTATIVE

[REDACTED]

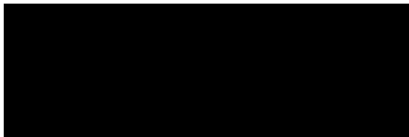
SUPPLIER'S CONTRACT MANAGER

[REDACTED]

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For and on behalf of the Supplier:		For and on behalf of the Buyer:	
Signature:		Signature:	
Name:		Name:	
Role:		Role:	
Date:		Date:	

Supplier Signature

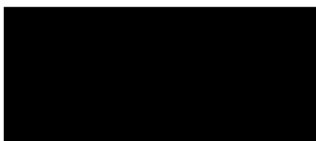


Full Name: [Redacted]

Job Title/Role: [Redacted]

Date Signed: [Redacted]

Authority Signature



Full Name: [Redacted]

Job Title/Role: [Redacted]

Date Signed: [Redacted]