

## **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.

<b>Contracting Authority Name</b>	Secretary of State for Health & Social Care acting as part of the Crown(Department of Health and Social Care)
<b>Contracting Authority Contact</b>	[REDACTED]
<b>Contracting Authority Address</b>	39 Victoria Street 1st Floor South Westminster London SW1H 0EU United Kingdom
<b>Invoice Address (if different)</b>	

<b>Supplier Name</b>	Allen Lane
<b>Supplier Contact</b>	[REDACTED]
<b>Supplier Address</b>	33 King Street 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>	
<b>Order Date</b>	[REDACTED]
<b>Call off Start Date</b>	1/4/23
<b>Call-Off Expiry Date</b>	31/3/24
<b>Extension Options</b>	To be agreed
<b>GDPR Position</b>	[REDACTED]
<b>Number of roles required:</b>	1
<b>Number of CV's required:</b>	1

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<b>Job role / Title</b>	Interim Manager
<b>Temporary or Fixed Term Assignment</b>	Temporary
<b>Hours / Days required</b>	
<b>Unsocial hours required – give details</b>	As agreed
<b>High cost area supplement details</b>	1. None
<b>Immunisation requirements? (Fee type 1 only)</b>	N/A

<b>Pay band</b>	10B
<b>Fee Type</b>	1. Patient Facing 2. Non-Patient Facing (Disclosure) 3. Non-Patient Facing (No Disclosure)
<b>Expenses to be paid or benefits offered</b>	
<b>Expenses to be paid by Temporary Worker</b>	TBC
<b>Charge rates</b>	Pre-AWR n/a
<b>Method of payment</b>	Post-AWR
<b>Discounts applicable</b>	

<b>Criminal records check</b>	Completed
<b>BPSS required</b>	Yes
<b>State required clearance and background checking</b>	BPSS in place
<b>Skills, mandatory training and qualifications necessary for the role</b>	

## 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>• [REDACTED]</li> </ul>

## PERFORMANCE OF THE DELIVERABLES

Key Staff
[REDACTED]
Key Subcontractors
N/A

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:	[REDACTED]	Signature:	[REDACTED]
Name:	[REDACTED]	Name:	[REDACTED]
Role:	[REDACTED]	Role:	[REDACTED]
Date:	6/3/23	Date:	13/3/23