

APPENDIX 1**ORDER FORM****FRAMEWORK AGREEMENT (INSERT REF: YPO 1101 Framework - Occupational Health and Employee Assistance Programme)****FROM**

Contracting Authority/Customer	UK Health Security Agency
Address	Nobel House, 17 Smith Square, London SW1P 3HX
Invoice Address	<div style="background-color: black; width: 180px; height: 15px; margin-bottom: 5px;"></div> Accounts Payable; UK Health Security Agency, Manor Farm Road, Porton Down, Salisbury, SP4 0JG UKHSA VAT No: GB888851648 <div style="background-color: black; width: 600px; height: 25px; margin-top: 10px;"></div>
Contact Ref:	Ref: C120041 Name: <div style="background-color: black; width: 90px; height: 15px; display: inline-block;"></div> Phone: <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> Email: <div style="background-color: black; width: 200px; height: 15px; display: inline-block;"></div>
Order Number	C120041
Order Date	01/01/2023

TO

Supplier:	Kays Medical
Address:	1 Windward Drive Speke Liverpool L24 8QR

Contact Details	Name: [REDACTED] Email: [REDACTED]
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1. TERM
1.1 Effective Date 1.1.1 This Contract shall commence on 01/01/2023
1.2 Expiry Date 1.2.1 This Contract shall expire on 31/12/2023

2. SERVICES REQUIREMENTS
2.1 Contract Services Required <p>The Contract Services required are as set out in the Specification attached at Appendix 1</p> <p>Occupational Health Services to UKHSA Occupational Health and Staff Wellbeing. On demand service that is only chargeable if used</p> <p>Core service delivery: operation of OH Clinic Non-core service delivery to include:</p> <ul style="list-style-type: none"> • reciprocal OH service for OHSWB Team members – preplacement and management referral assessments to avoid conflict of interest. • Travel Health medical assessments for RST / global Health pre deployment. • Smallpox

3. PERFORMANCE OF THE CONTRACT SERVICES AND DELIVERABLES
3.1 Implementation Plan and Milestones (including dates for completion. <p>On demand service to be agreed with the customer.</p>

3.2 Performance Monitoring

***Performance will be monitored by the milestones/key performance indicators set out in *(a) The Specification *(B) the Implementation Plan; or *(c) Point 3.1 above or any combination of the above.**

Frequent review meetings as required by the customer.

4. CALL-OFF TERMS AND CONDITIONS

4.1 Customers must state whether they are requiring any amendments to the Call- Off Terms and Conditions and if so these must be included in Appendix 3.

N/A

1. SPECIAL TERMS AND CONDITIONS

N/A

2. CONFIDENTIAL INFORMATION

6.1 The following information shall be deemed Commercially Sensitive Information or Confidential Information:

As defined by the Data Protection Act 2018 or its successor Acts.

6.2 Duration that the information shall be deemed Commercially Sensitive Information or Confidential Information

As defined by the Data Protection Act 2018 or its successor Acts.

PRICES FOR SERVICES

AS DETAILED IN THE ATTACHED PRICING SCHEDULE

CHARGES FOR SERVICES

Contract Charges / Daily Rates / Fees

Charging mechanism, price and Day Rates	£100,000 broken down as follows: <div></div>
Invoicing arrangements	<div></div> <div>Accounts Payable; UK Health Security Agency, Manor Farm Road, Porton Down, Salisbury, SP4 0JG UKHSA VAT No: GB888851648</div> <div></div>
Performance-related payment	N/A
Travel and Subsistence	N/A

APPENDIX 3

APPENDIX 4

CALL-OFF TERMS AND CONDITIONS VARIATION FORM

CALL-OFF TERMS AND CONDITIONS FOR SERVICES

[Name of Lot]

No of Order Form being varied:.....

Variation Form No:.....

BETWEEN:

[] ("the Customer")

and

[] ("the Supplier")

1. The Order is varied as follows; [list details of the Variation]
2. Words and expressions in this Variation shall have the meanings given to them in the Contract.
3. The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

Authorised to sign for and on behalf of the Customer

Signature _____

Date _____

Name in Capitals

Address

Authorised to sign for and on behalf of the Supplier

Signature _____

Date _____

Name in Capitals

Address _____

APPENDIX 5

DATA SHARING AGREEMENT

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

Name:

[REDACTED]

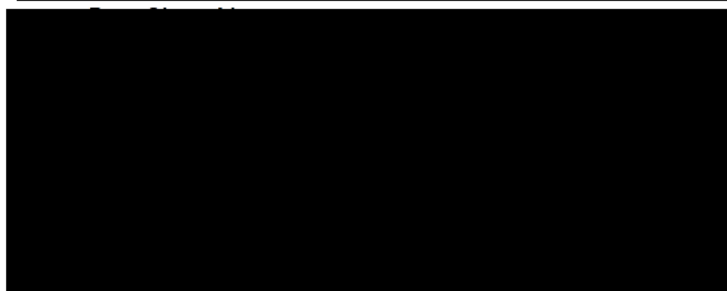
Email:

[REDACTED]

ORDER FORM SIGNATORY PAGE

BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES to enter a legally binding contract with the Customer to provide to the Customer the Services specified in this Order Form (together with where completed and applicable, the mini-competition order (additional requirements) set out in this Order Form) incorporating the rights and obligations in the Call-Off Terms and Conditions set out in the Framework Agreement entered into by the Supplier and YPO as dated below.

For and on behalf of the Supplier:



Date Signed: 30/01/2023

For and on behalf of the Customer:



Date Signed: 30/01/2023