





## **HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM**

### **PART 1 : CLIENT INFORMATION**

<b>HEALTH AND SAFETY EXECUTIVE CUSTOMER</b>	
<b>SERVICE ADDRESS</b>	<b>Redgrave Court, Bootle, Liverpool L20 7HS</b>
<b>LINE MANAGER</b>	
<b>HSE CONTRACT REF NO.</b>	<b>1.11.4.3748</b>

<b>CONTRACTOR</b>	<b>HAYS IT</b>
<b>SERVICE ADDRESS</b>	<b>5TH FLOOR CITY TOWER MANCHESTER M1 4BT</b>
<b>ACCOUNT MANAGER</b>	

## PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	SD
JOB ROLE / TITLE	Senior Project Manager
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	 Senior Project Manager Job Descrip
IR35 ASSESSMENT	 IR35.pdf
COMMENCEMENT DATE	13 <sup>th</sup> October 2020
END DATE	13 <sup>th</sup> April 2021 Total of 127 days unless otherwise agreed in writing by both parties
TERMINATION	<b>A Termination Notice Period of one (1) weeks is applicable to this assignment, unless otherwise agreed in writing between both parties.</b>

## PART 3 : FEES / CHARGES

### i) DAILY CHARGE RATE APPLICABLE

<u>Date From</u>	<u>To</u>	<u>No Days</u>	<u>Candidate Daily Rate</u>	<u>Daily Agency Fee</u>	<u>Total Daily Fee</u>
13/10/2020	13/04/2021	127	£390.00	£60.00	£450
	Total		£49,530	£7,620	£57,150

### ii) TRAVEL AND SUBSISTENCE

Where appropriate, HSE will pay actual and reasonable Travel and Subsistence costs to the contracted Interim Personnel, subject to the prior approval of their HSE Line Manager and in line with the following HSE Standard Travel and Subsistence rates.



Travel and  
Subsistence Rates.doc

## PART 4 : INVOICING & PAYMENTS

All invoices raised must include the relevant Purchase Order number. Failure to include the Purchase Order Number may delay payment. In all cases invoices should be submitted to the following address :

<b>INVOICING ADDRESS</b> (electronic only)	<a href="mailto:APinvoices-HAS-U@sscl.gse.gov.uk">APinvoices-HAS-U@sscl.gse.gov.uk</a>
<b>PURCHASE ORDER NO.</b> (to be quoted on all invoices)	<b>To be advised</b>

## PART 5 : SIGNATORIES

By signing and returning this Order Form the Contractor agrees to enter into a legally binding contract with HSE to provide the services under the terms of the Form of Agreement and specified in the Order Form.

### IN WITNESS WHEREOF THIS CONTRACT HAS BEEN AGREED:

Signature .....

Name in Capitals .....

Position .....

Date .....

Duly authorised to sign on behalf of

#### **HAYS IT**

5<sup>th</sup> Floor, City Tower, Manchester, M1 4BT

Signature .....

Name in Capitals .....

Position .....

Date .....

Duly authorised to sign on behalf of the

#### **HEALTH AND SAFETY EXECUTIVE**

2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS