

RM971 NON MEDICAL NON CLINICAL

PART 1 – TEMPLATE ORDER FORM

ORDER FORM

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

FROM: DEFRA

CUSTOMER	Defra – Project 25491
SERVICE ADDRESS	[REDACTED]
INVOICE ADDRESS (if different)	SSC, Department for Environment, Food & Rural Affairs PO Box 790, Newport, NP10 8FZ
CONTACT REFERENCE	[REDACTED]
ORDER NUMBER	PO to be submitted once contract has been written up and agreed by both parties as per our No Contract No PO terms
ORDER DATE	31/12/2018

TO: HAYS

SERVICE PROVIDER	Hays Recruitment
SERVICE PROVIDER'S ADDRESS	1 st Floor, Brittanic House, Cowgate, Peterborough, PE1 1LZ
ACCOUNT MANAGER	[REDACTED]
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:	4
NUMBER OF ROLES REQUIRED:	1
JOB ROLE/TITLE: - FROM ERA	Financial Accounting and Control HEO
AGENDA FOR CHANGE PAY BAND:	
AGENDA FOR CHANGE PAY POINT: (LOWEST WITHIN AFC PAY BAND UNLESS STATED)	
HOURS/DAYS REQUIRED:	Full time
ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL) [OUTSIDE 8AM TO 6PM MON TO FRIDAY]	No
FEE TYPE:	1 Non-Patient Facing (Disclosure)
IMMUNISATION REQUIREMENTS (FEE TYPE 1 ONLY)	N/A

DBS REQUIRED (FEE TYPE 1 AND 2 ONLY)	1. Basic
HIGH COST AREA SUPPLEMENT?	
REGULATED OR CONTROLLED ACTIVITY (ISA)?	As per Job Description supplied
SKILLS, TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:	As per Job Description supplied
PERSON AND DEPT TO WHOM WORK-SEEKER SHOULD REPORT AT START:	
POST CODE OF LOCATION WITH REQUIREMENT:	
RM971 LOT:	4
NUMBER OF ROLES REQUIRED:	1
JOB ROLE/TITLE:	Financial Accounting and Control HEO
AGENDA FOR CHANGE PAY BAND:	
ADDITIONAL REQUIREMENTS:	[GUIDANCE NOTE: Service Level Agreement etc]
PART 1.2: ANTICIPATED DURATION OF CONTRACT	
COMMENCEMENT DATE:	17/12/2018
ANTICIPATED END DATE:	16/12/2019
TEMPORARY / FIXED TERM ASSIGNMENT:	Temporary Term Assignment
PART 1.3: MILESTONES AND KEY DELIVERABLES	
As agreed with Assignment Manager	
PART 1.4: CHARGES PAYABLE BY CUSTOMER (INCLUDING ANY APPLICABLE DISCOUNT AND METHOD OF PAYMENT E.G. GOVERNMENT PROCUREMENT CARD OR BACS):	
[GUIDANCE NOTE: This should not be substantially of materially different from the Charges set out in Schedule 3 to the Framework Agreement]	
DISCOUNTS APPLICABLE:	[GUIDANCE NOTE: Volume/Prompt Payment/Introducing Candidate]
PART 1.5: ACCEPTANCE PRIOR TO PAYMENT	
[GUIDANCE NOTE: Completion of an assignment checklist by Service Provider]	
PART 2: CUSTOMER CONTRACTUAL REQUIREMENTS	
PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS	
[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]	
PART 3.1: SUPPLEMENTAL REQUIREMENTS IN ADDITION TO CALL-OFF TERMS AND CONDITIONS:	As per standard terms
PART 3.2: VARIATIONS TO CALL-OFF TERMS AND CONDITIONS:	
PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES	
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:	[REDACTED]
PART 5: CONFIDENTIAL INFORMATION	
PART 5.1: THE FOLLOWING INFORMATION SHALL BE DEEMED COMMERCIALY SENSITIVE INFORMATION OR CONFIDENTIAL INFORMATION:	

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:

NAME:	[REDACTED]	
TITLE:		
SIGNATURE:		
DATE:		

FOR AND ON BEHALF OF THE CUSTOMER:

NAME:	[REDACTED]	
TITLE:		
SIGNATURE:		
DATE:		