



HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1 : CLIENT INFORMATION

CUSTOMER	HEALTH AND SAFETY EXECUTIVE
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	[REDACTED] (timesheet authorisation, as above unless stated otherwise)
HSE CONTRACT REF NO.	1.11.4.3677

CONTRACTOR	Hays IT
SERVICE ADDRESS	HAYS recruiting experts worldwide 5th Floor City Tower Manchester M1 4BT
ACCOUNT MANAGER	[REDACTED] [REDACTED] [REDACTED]

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	Inspection
JOB ROLE / TITLE	Covid – Spot Checks
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	Undertaking proactive compliance spot checks in relation to business compliance with COVID 19 requirements to provide reassurance that employers are implementing appropriate arrangements to protect employees and members of the public (where appropriate). will also be a line manager to all other Ex-Inspectors undertaken to fulfil these Spot Checks.
IR35 ASSESSMENT	Inside IR35
COMMENCEMENT DATE	17/08/2020
END DATE	31 March 2021 – A maximum of 170 days ¹ , unless otherwise agreed in writing between both parties.
TERMINATION	A Termination Notice Period of one (1) weeks is applicable to this assignment, unless otherwise agreed in writing between both parties.

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>
17/08/2020	31/03/2021	170 (maximum)	£260.00	£19.50	£279.50
Totals					

¹ Please note: Maximum No. of Days will be dependent on the individuals working pattern

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 :

INVOICING ADDRESS (electronic only)	<u>APinvoices-HAS-U@gov.sscl.com</u>
PURCHASE ORDER NO. (to be quoted on all invoices)	

Contract 1.11.4.3677

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

[Redacted Signature]

Name in Capitals

[Redacted Name]

Position

[Redacted Position]

Date

1 / 9 / 20

Duly authorised to sign on behalf of
HAYS IT
5th Floor, City Tower, Manchester, M1 4BT

Signature

[Redacted Signature]

Name in Capitals

[Redacted Name]

Position

[Redacted Position]

Date

02/09/2020

Duly authorised to sign on behalf of the
HEALTH AND SAFETY EXECUTIVE
2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS