





HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1 : CLIENT INFORMATION

HEALTH AND SAFETY EXECUTIVE CUSTOMER	
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	
HSE CONTRACT REF NO.	1.11.4.3655

CONTRACTOR	Hays
SERVICE ADDRESS	5th Floor CITY TOWER MANCHESTER M1 4BT
ACCOUNT MANAGER	

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	EPDCD
JOB ROLE / TITLE	Freelance Journalist
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	 JD Freelance Journalist.docx
DELIVERABLES	<ul style="list-style-type: none"> • Supporting the communications team in answering enquiries from the press or other media representatives, writing press releases and news reports about the work of HSE. • Scanning the news agenda digital and traditional to identify issues and opportunities for PR • Ability to pick up a new project quickly, establishing effective working relationships with colleagues from different teams and departments • Assisting with the creation and maintenance of relevant, engaging and creative content external audiences across a mix of communication channels • Ensure the data is collected regally and is kept up to date and help prepare reports and presentations at agreed intervals.
IR35 ASSESSMENT	 IR35.pdf
COMMENCEMENT DATE	6th July, 2020
END DATE	31st July, 2020
TERMINATION	A Termination Notice Period of one (1) weeks is applicable to this

	assignment, unless otherwise agreed in writing between both parties.
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PART 3 : FEES / CHARGES

i) DAILY CHARGE RATE APPLICABLE

Pay Rate	WTD	Premium	NI	Pension	Apprentice Levy	Contractor Fee	Total Charge
						£180 X 20	£3,600

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)	APinvoices-HAS-U@sscl.gse.gov.uk
PURCHASE ORDER NO. (to be quoted on all invoices)	

i)

HSE would be happy to reduce employment checks from 3 years to 2 years for this assignment. This is on the understanding that individuals will have been DBS checked and that they have agreed to be bound by the Official Secrets Act. All others terms and conditions remain the same.

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
5th, 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