



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.	1.11.4.3565.

CONTRACTOR	Hays IT
SERVICE ADDRESS	5th Floor City Tower Manchester M1 4BT
ACCOUNT MANAGER	

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
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FRAMEWORK DISCIPLINE AREA	
JOB ROLE / TITLE	Business Analyst
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	 BA%20Job%20Description%20T3565.doc
DELIVERABLES	<p>The Business Analysts plays a key role in designing, building and implementing our strategic priorities, focusing on efficiencies, effectiveness, designing new services and regulatory regimes, and improving productivity and the customer experience. The Business Analyst is responsible, at a project level, for baselining current activities, the articulation of business and customer requirements, the design of future state target operating models and providing implementation and continuous improvement support to the operation.</p>
IR35 ASSESSMENT	 IR35 result.pdf
COMMENCEMENT DATE	01/09/2020
END DATE	24/11/2020
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

Pay Rate	WTD	Premium	NI	Pension	Candidate rate	Agency %	Total Charge
					£475 p/d	16%	£551 X 60 = £33,060

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@gov.sscl.com
PURCHASE ORDER NO. (to be quoted on all invoices)	

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

5th 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