

## Short Order Form Template and Call-Off Schedules

### Order Form

CALL-OFF REFERENCE:	N/A
THE BUYER:	NHS England on behalf of Midlands and Lancashire CSU
BUYER ADDRESS	2nd Floor East Bennett House Town Road Hanley Stoke-on-Trent ST1 2QB
THE SUPPLIER:	Coyle Personnel
SUPPLIER ADDRESS:	Hygeia, First Floor 66-68 College Road Harrow Middlesex, HA1 1BE
REGISTRATION NUMBER:	02281209
DUNS NUMBER:	399927037
SID4GOV ID:	N/A

This Order Form, when completed and executed by both Parties, forms a Call-Off Contract. A Call-Off Contract can be completed and executed using an equivalent document or electronic purchase order system.

If an electronic purchasing system is used instead of signing as a hard-copy, text below must be copied into the electronic order form **starting from 'APPLICABLE FRAMEWORK CONTRACT' and up to, but not including, the Signature block.**

## APPLICABLE FRAMEWORK CONTRACT

This Order Form is for the provision of the Call-Off Deliverables and dated **06/11/2024**.

It's issued under the Framework Contract with the reference number RM6281 for the provision of Clinical and Healthcare Staffing.

### CALL-OFF LOT(S):

*Lot 1 - Nursing and Midwifery*

*Lot 3 - Allied Health Professionals (AHP), Health Science Services (HSS), & Emergency Services*

*Lot 4 - Social Care Staffing*

## CALL-OFF INCORPORATED TERMS

The following documents are incorporated into this Call-Off Contract. Where numbers are missing we are not using those schedules. If the documents conflict, the following order of precedence applies:

1. This Order Form.
2. Joint Schedule 1 (Definitions and Interpretation) RM6281
3. The following Schedules in equal order of precedence:
  - Joint Schedules for RM6281
    - Joint Schedule 2 (Variation Form)
    - Joint Schedule 3 (Insurance Requirements)
    - Joint Schedule 4 (Commercially Sensitive Information)
    - Joint Schedule 7 (Financial Difficulties)
    - Joint Schedule 10 (Rectification Plan)
    - Joint Schedule 11 (Processing Data)
  - Call-Off Schedules for RM6281
    - Call-Off Schedule 1 (Transparency Reports)
    - Call-Off Schedule 2 (Staff Transfer)
    - Call-Off Schedule 3 (Continuous Improvement)
    - [Call-Off Schedule 17 (MOD Terms) N/A]
    - [Call-Off Schedule 19 (Scottish Law) N/A]
    - [Call-off Schedule 21 (Northern Ireland Law) N/A]
    - [Call-Off Schedule 23 (HMRC Terms) N/A ]
4. Core Terms (version 3.0.11)
5. Joint Schedule 5 (Corporate Social Responsibility)

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

CALL-OFF START DATE: **06/11/2024**

CALL-OFF EXPIRY DATE: **06/02/2025**

#### CALL-OFF DELIVERABLES

The provision of Clinical and Healthcare Staffing. **[Band 6 CHC Nurse Assessor as per original request.]**

#### GDPR POSITION

Independent Controller

#### MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

#### CALL-OFF CHARGES

**£330.00** per day.

#### PAYMENT METHOD

Payment within 30 days of invoice

#### BUYER'S INVOICE ADDRESS:

NHS Midlands & Lancashire CSU  
0CX PAYABLES M385  
Phoenix House  
Topcliffe Lane  
Wakefield  
West Yorkshire WF3 1WE

#### BUYER'S AUTHORISED REPRESENTATIVE

[REDACTED]

Associate Director

[REDACTED]

2nd Floor East, Bennett House, Town Road, Hanley, Stoke-on-Trent, ST1 2QB


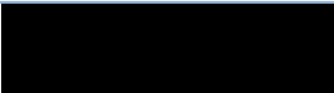


#### SUPPLIER'S AUTHORISED REPRESENTATIVE

[REDACTED]

[REDACTED]

Hygeia, 66-68 College Road, Harrow, Middx HA1 1BE

SUPPLIER'S CONTRACT MANAGER  
As per representative

For and on behalf of the Supplier:		For and on behalf of the Buyer:	
Signature:		Signature:	
Name:		Name:	
Role:	CHC Team Lead (South)	Role:	Associate Director
Date:	06/11/2024	Date:	06/11/2024

[**Buyer guidance:** execution by seal / deed where required by the Buyer].