

Framework Schedule 6 (Short Order Form Template and Call-Off Schedules)
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Framework Schedule 6a (Short Order Form
Template and Call-Off Schedules)

Order Form

CALL-OFF REFERENCE: RM6277

THE BUYER: Government Legal Department

BUYER ADDRESS 102 Petty France, London, SW1H 9GL

THE SUPPLIER: [REDACTED]

SUPPLIER ADDRESS: [REDACTED]

REGISTRATION NUMBER: [REDACTED]

DUNS NUMBER: [REDACTED]

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 02 April 2024

It’s issued under the Framework Contract with the reference number RM6277 for the provision of Non Clinical Staff.

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CALL-OFF LOT(S):

Lot 2 Corporate Functions

CALL-OFF INCORPORATED TERMS

This is a Bronze Contract.

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) RM6277
3. The following Schedules in equal order of precedence:
 - Joint Schedules for RM6277
 - Joint Schedule 2 (Variation Form)
 - Joint Schedule 3 (Insurance Requirements)
 - Joint Schedule 4 (Commercially Sensitive Information)
 - Joint Schedule 7 (Financial Difficulties including Annex 5 Optional Terms for Bronze Contracts)
 - Joint Schedule 10 (Rectification Plan)
 - Joint Schedule 11 (Processing Data)
 - Call-Off Schedules for RM6277
 - Call-Off Schedule 1 (Transparency Reports)
 - Call-Off Schedule 2 (Staff Transfer)
 - Call-Off Schedule 3 (Continuous Improvement)
4. CCS Core Terms (version 3.0.11)
5. Joint Schedule 5 (Corporate Social Responsibility) RM6277

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.

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CALL-OFF START DATE: Date of last signature or the date the first Temporary Worker starts the Assignment, whichever is later.

CALL-OFF EXPIRY DATE: The end of the Temporary Worker's Assignment

CALL-OFF DELIVERABLES

The provision of Non Clinical Temporary staff:

ASSIGNMENT TYPE:	
NUMBER OF ROLES REQUIRED:	1
JOB ROLE/TITLE:	
HOURS/DAYS REQUIRED	
DETAIL ON UNSOCIAL HOURS REQUIRED	
AGENDA FOR CHANGE PAY BAND: (use rate card to determine this)	
EXPENSES TO BE PAID OR BENEFITS OFFERED	
EXPENSES TO BE PAID BY TEMPORARY WORK-SEEKER	
FEE TYPE:	
DBS REQUIRED (FEE TYPE 1 AND 2 ONLY)	
QUALIFICATION REQUIREMENTS	
TEMPORARY WORK-SEEKERS COMPLIANCE REQUIREMENTS (NON-NHS CUSTOMERS ONLY) State any other required clearance and/or background checking	

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STATE ANY SKILLS,

**MANDATORY TRAINING AND
QUALIFICATIONS NECESSARY
FOR THE ROLE (THOSE DEFINED
BY THE FRAMEWORK
SPECIFICATION APPLY BE
DEFAULT)**

**ENGAGEMENT OF TEMPORARY
WORK-SEEKER**

GDPR POSITION

Independent Controller

The Parties acknowledge that for the purposes of the Data Protection Legislation, under these Call Off Terms the Parties are independent Data Controllers of Personal Data. For the avoidance of doubt, Joint Schedule 11 Clauses 3 – 17 shall not apply.

The contact details of the Buyer's Data Protection Officer are:

[REDACTED]

The contact details for data protection queries to the Supplier is:

[REDACTED]

MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms, as varied by the Framework Award Form.

CALL-OFF CHARGES

[REDACTED]

[REDACTED]

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AWR Compliant	
Pay to Worker (s)	
Total Charge	

PAYMENT METHOD

BUYER'S INVOICE ADDRESS:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

BUYER'S AUTHORISED REPRESENTATIVE

[REDACTED]

[REDACTED]

[REDACTED]

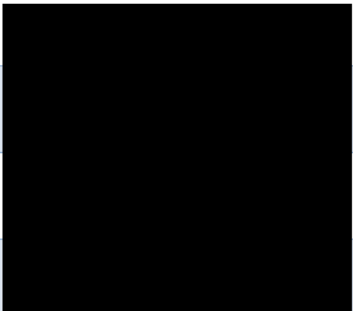
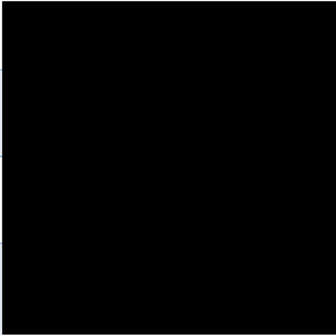
[REDACTED]

SUPPLIER'S AUTHORISED REPRESENTATIVE

[REDACTED]

SUPPLIER'S CONTRACT MANAGER

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For and on behalf of the Supplier:		For and on behalf of the Buyer:	
Signature:		Signature:	
Name:		Name:	
Role:		Role:	
Date:		Date:	