**RM6160: Non Clinical Temporary and Fixed Term Staff**

**(Short Form)**

**Order Form Template**

This Order Form is for the provision of the Call-Off Deliverables. It is issued under the [Framework Contract RM6160](https://www.crowncommercial.gov.uk/agreements/RM6160): Non Clinical Temporary and Fixed Term Staff.

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| **Contracting Authority Name** | The Insolvency Service |
| **Contracting Authority Contact** | REDACTED |
| **Contracting Authority Address** | Cannon House  18 Priory Queensway  Birmingham  B4 6FD |
| **Invoice Address**  **(if different)** | [payments@insolvency.gov.uk](mailto:payments@insolvency.gov.uk) |

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| **Supplier Name** | Allen Lane |
| **Supplier Contact** | REDACTED |
| **Supplier Address** | 33 King Street  St. James's London  SW1Y 6RJ |

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| **Framework Ref** | RM6160: Non Clinical Temporary and Fixed Term Staff |
| **Framework Lot** | Lot 2 |
| **Order reference number (e.g. purchase order number)** | TIS0509 |
| **Date order placed** | 09/02/22 |
| **Call off Start Date** | 14/02/22 |
| **Call-Off** **Expiry Date** | 31/03/23 |
| **Extension Options** | Six Months Extension Option covering 01/04/23 – 30/09/23 subject to relevant approvals being obtained |
| **Notice Period** | Two Weeks |
| **IR35** | In Scope of IR35 |
| **GDPR Position** | Independent Controller |
| **Job role / Title** | Strategy Project Accountant |
| **Temporary or Fixed Term Assignment** | Temporary |
| **Hours / Days required** | Full Time – 5 days per week |
| **Unsocial hours required – give details** | None |
| [**High cost area suppl****ement**](https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-8-high-cost-area-payment-zones) **details**  **(NHS only)** | None |
| **Immunisation requirements? (Fee type 1 only)** | N/A |

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| **Pay band (use rate card to determine this)** | 10B | |
| **Fee Type** | Non-Patient Facing (Disclosure required) | |
| **Expenses to be paid or benefits offered** | N/A | |
| **Expenses to be paid by Temporary Worker** | N/A | |
| **Charge rates** | Pre-AWR | Post-AWR |
| £ REDACTED Per Day to REDACTED | £ REDACTED Per Day to REDACTED |
| £ REDACTED Per Day to Allen Lane | £ REDACTED Per Day to Allen Lane |
| £ REDACTED Per Day Total Bill Rate | £ REDACTED Per Day Total Bill Rate |
| **Method of payment** | Invoice/BACS | |
| **Discounts applicable** | N/A | |

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| **Criminal records check required** | No |
| **BPSS required** | Yes |
| **State any other required clearance and/or background checking** | None |
| **State any skills, mandatory training and qualifications necessary for the role** | None |

**CALL-OFF INCORPORATED TERMS**

The Call-Off Contract, Core Terms and Joint Schedules’ for this Framework Contract are available on the CCS website. Visit the [Non Clinical Temporary and Fixed Term Staff](https://www.crowncommercial.gov.uk/agreements/RM6160) web page and click the ‘Documents’ tab to view and download these.

**CALL-OFF DELIVERABLES**

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| **The requirement** |
| **Strategy Project Accountant**  **Role held by: REDACTED**  The Strategy Project Accountant will provide financial expertise and business insight to specific workstreams in the ORS Financial Sustainability Project, a key element of the strategic change portfolio and fundamental to delivery of the new 5-year strategy.  Deliverables:  • Using knowledge of the Insolvency Service’s role, structures and operating environment to identify  potential efficiencies and market opportunities  • Using knowledge of the Insolvency Service’s financial models to anticipate impact of changes on  financial position  • Produce cost and income models  • Produce business cases, using investment appraisal techniques  • Produce process mapping/costing/analysis  • Work effectively in a fast paced or uncertain project environments  • Understand operational models and volume analysis |

**PERFORMANCE OF THE DELIVERABLES**

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| **Key Staff** |
| Strategy Project Accountant - **REDACTED**  Head of Strategic Finance - **REDACTED** |
| **Key Subcontractors** |
| N/A |

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| **For and on behalf of the Supplier:** | | **For and on behalf of the Contracting Authority:** | |
| Signature: |  | Signature: |  |
| Name: |  | Name: |  |
| Role: |  | Role: |  |
| Date: |  | Date: |  |