

Contract 1.11.4.3765



HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1 : CLIENT INFORMATION

HEALTH AND SAFETY EXECUTIVE CUSTOMER	Health & Safety Executive
SERVICE ADDRESS	Redgrave Court Bootle Merseyside L20 7HS
LINE MANAGER	[REDACTED] Tel: [REDACTED] Email: [REDACTED] (timesheet authorisation, as above unless stated otherwise)
HSE CONTRACT REF NO.	1.11.4.3765

CONTRACTOR	Hays IT
SERVICE ADDRESS	5 th Floor City Tower Manchester M1 4BT
ACCOUNT MANAGER	S [REDACTED] Tel: [REDACTED] Email: [REDACTED]

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	[REDACTED]
FRAMEWORK DISCIPLINE AREA	OSD
JOB ROLE / TITLE	Project Manager
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	 1.11.4.3765%20Project%20Manager%20
IR35 ASSESSMENT	 IR35.pdf
COMMENCEMENT DATE	17 November 2020
END DATE	31 March 2021
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**

<u>Date From</u>	<u>To</u>	<u>No Days</u>	<u>Candidate Daily Rate</u>	<u>Daily Agency Fee</u>	<u>Total Daily Fee</u>
17/11/2020	31/03/2021	94	£500	£80	£580
Totals			£47000	£7520	£54520

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)	<u>APinvoices-HAS-U@gov.sscl.com</u>
PURCHASE ORDER NO. (to be quoted on all invoices)	To be Confirmed

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

16 / 11 / 20

Duly authorised to sign on behalf of
HAYS IT,
5th Floor, City Tower, Manchester, M1 4BT

Signature

Name in Capitals

Position

Date

17/11/2020

Duly authorised to sign on behalf of the
HEALTH AND SAFETY EXECUTIVE
2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS