

RM6160: Non Clinical Temporary and Fixed Term Staff (Short Form)

**For help with completing this Order Form please refer to the Short
Order Form FAQ's [here](#)**

Order Form Template (Short Form)

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Guidance:

This Order Form, when completed and signed by both you (the Contracting Authority) and the Supplier, forms a Call-Off Contract from CCS framework RM6160, Non Clinical Temporary and Fixed Term Staff. Signing the Order Form ensures that both parties are able to compliantly use the terms and conditions agreed from the procurement exercise.

You can complete and execute a Call-Off contract by using an equivalent document or electronic purchase order system. If an electronic purchasing system is used, the text below must be copied into the electronic order form.

Order Form Template

This Order Form is for the provision of the Call-Off Deliverables. It is issued under the **Framework Contract RM6160**: Non Clinical Temporary and Fixed Term Staff.

| | |
|---------------------------------------|--|
| Contracting Authority Name | Department of Health & Social Care |
| Contracting Authority Contact | Information redacted in line with Section 40 of FOIA |
| Contracting Authority Address | Information redacted in line with Section 40 of FOIA |
| Invoice Address (if different) | Information redacted in line with Section 40 of FOIA |

| | |
|-------------------------|--|
| Supplier Name | Allen Lane |
| Supplier Contact | Information redacted in line with Section 40 of FOIA |
| Supplier Address | Information redacted in line with Section 40 of FOIA |

| | |
|----------------------------------|--|
| Framework Ref | RM6160: Non Clinical Temporary and Fixed Term Staff |
| Framework Lot | 2 |
| Call-Off (Order) Ref | Project_1674 |
| Order Date | 03/6/20 |
| Call off Start Date | 01/6/20 |
| Call-Off Expiry Date | 18/11/20 |
| Extension Options | To be agreed |
| GDPR Position | Information redacted in line with Section 40 of FOIA |
| Number of roles required: | 1 |

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| | |
|---|--|
| Number of CV's required: | |
| Job role / Title | Procurement Manager |
| Temporary or Fixed Term Assignment | N/A (contractor) |
| Hours / Days required | Information redacted in line with Section 40 of FOIA |
| Unsocial hours required – give details | N/A |
| High cost area supplement details | N/A |
| Immunisation requirements? (Fee type 1 only) | N/A |

| | | |
|---|--|--|
| Pay band | N/A | |
| Fee Type | N/A | |
| Expenses to be paid or benefits offered | N/A | |
| Expenses to be paid by Temporary Worker | | |
| Charge rates | Information redacted in line with Section 40 of FOIA | Information redacted in line with Section 40 of FOIA |
| | Information redacted in line with Section 40 of FOIA | Information redacted in line with Section 40 of FOIA |
| | | |
| Method of payment | Information redacted in line with Section 40 of FOIA | |
| Discounts applicable | Information redacted in line with Section 40 of FOIA | |

| | |
|---|--|
| Criminal records check | Information redacted in line with Section 40 of FOIA |
| BPSS required | Information redacted in line with Section 40 of FOIA |
| State required clearance and background checking | |
| Skills, mandatory training and qualifications necessary for the role | |

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](#) web page and click the 'Documents' tab to view and download these.

CALL-OFF DELIVERABLES

| The requirement |
|---|
| Temporary Worker Requirements: Provision of commercial support to COVID cells in the preparation of NHSX COVID business cases and support onward approval by DHSC and NHSE/I. Provide liaison with the NHSE/I Commercial team to address commercial queries regarding NHSX cases. |

PERFORMANCE OF THE DELIVERABLES

| Key Staff |
|--|
| Information redacted in line with Section 40 of FOIA |
| Key Subcontractors |
| N/A |

| For and on behalf of the Supplier: | | For and on behalf of the Contracting Authority: | |
|------------------------------------|--|---|--|
| Signature: | Information redacted in line with Section 40 of FOIA | Signature: | Information redacted in line with Section 40 of FOIA |
| Name: | Information redacted in line with Section 40 of FOIA | Name: | Information redacted in line with Section 40 of FOIA |
| Role: | Information redacted in line with Section 40 of FOIA | Role: | Information redacted in line with Section 40 of FOIA |
| Date: | Information redacted in line with Section 40 of FOIA | Date: | Information redacted in line with Section 40 of FOIA |