

# **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](#)**

**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.

<b>Contracting Authority Name</b>	NHS Midlands & Lancashire Commissioning Support Unit
<b>Contracting Authority Contact</b>	██████████
<b>Contracting Authority Address</b>	████████████████████
<b>Invoice Address (if different)</b>	NHS Midlands & Lancashire CSU OCX PAYABLES M385 Phoenix House Topcliffe Lane Wakefield West Yorkshire WF3 1WE

<b>Supplier Name</b>	Woodrow Mercer Healthcare Limited
<b>Supplier Contact</b>	██████████
<b>Supplier Address</b>	██████████ ██████████ ████████████████████ ████████████████████

<b>Framework Ref</b>	RM6160: Non Clinical Temporary and Fixed Term Staff
<b>Framework Lot</b>	Lot 3
<b>Order reference number (e.g. purchase order number)</b>	Will be sent on completion of the process
<b>Date order placed</b>	05/04/2023
<b>Call off Start Date</b>	05/04/2023
<b>Call-Off Expiry Date</b>	07/07/2023
<b>Extension Options</b>	To be exercised if needed
<b>GDPR Position</b>	Independent Controller

**Order Form Template (Short Form)**  
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<b>Job role / Title</b>	Commissioning Support Officer/Brokerage Assistant
<b>Temporary or Fixed Term Assignment</b>	Temporary
<b>Hours / Days required</b>	
<b>Unsocial hours required – give details</b>	No
<b>High cost area supplement details (NHS only)</b>	1. None
<b>Immunisation requirements? (Fee type 1 only)</b>	None required

<b>Pay band (use rate card to determine this)</b>	4
<b>Fee Type</b>	
<b>Expenses to be paid or benefits offered</b>	N/A
<b>Expenses to be paid by Temporary Worker</b>	N/A
<b>Charge rates</b>	
<b>Method of payment</b>	Payment within 30 days of invoice
<b>Discounts applicable</b>	N/A

<b>Criminal records check required</b>	
<b>BPSS required</b>	
<b>State any other required clearance and/or background checking</b>	
<b>State any skills, mandatory training and qualifications necessary for the role</b>	Commissioning Support Officer/ Brokerage Assistant

## 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
MLCSU require the services of a suitably experienced and qualified [REDACTED] Commissioning Support Officer/Brokerage Assistant for a three-month assignment, this may be extended.
Confirmation is required from the agency on RM6160 that all the relevant checks as per the RM6160 Framework CSS have been completed before a candidate can be agreed. Copies of this confirmation will be retained for audit purposes.

## PERFORMANCE OF THE DELIVERABLES

Key Staff
[REDACTED]
Key Subcontractors
N/A

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:	[REDACTED]	Signature:	[REDACTED]
Name:	[REDACTED]	Name:	[REDACTED]
Role:	[REDACTED]	Role:	[REDACTED]
Date:	14/04/2023	Date:	05/04/2023