



HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1 : CLIENT INFORMATION

HEALTH AND SAFETY EXECUTIVE CUSTOMER	[REDACTED]
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	[REDACTED] (timesheet authorisation, as above unless stated otherwise)
HSE CONTRACT REF NO.	1.11.4.3677

CONTRACTOR	People Source
SERVICE ADDRESS	1 Georges Square, Redcliffe, Bristol, BS1 6BA
ACCOUNT MANAGER	[REDACTED] [REDACTED] [REDACTED]

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	Inspection
JOB ROLE / TITLE	Covid Spot Checks
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	Undertaking proactive compliance spot checks in relation to business compliance with COVID 19 requirements to provide reassurance that employers are implementing appropriate arrangements to protect employees and members of the public (where appropriate).
DELIVERABLES	
IR35 ASSESSMENT	Inside IR35
COMMENCEMENT DATE	17/08/2020
END DATE	31/03/2021 - – A maximum of 170 days ¹ , unless otherwise agreed in writing between both parties.
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>
17/08/2020	31/03/2021	Maximum - 170	£230.03	£35.00	£265.03
				TOTAL	£45,055.19² Total Charge

¹ Please note: Maximum No. of Days will be dependent on the individuals working pattern

² Please Note: Rates of pay will be Pro Rata dependent on hours worked.

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)	APinvoices-HAS-U@gov.sscl.com
PURCHASE ORDER NO. (to be quoted on all invoices)	

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


Duly authorised to sign on behalf of

PEOPLE SOURCE

1 Georges Square, Redcliffe, Bristol BS1 6BA

Signature

Name in Capitals


Position


Date
11/08/20

Duly authorised 



