



Workforce Alliance

Collaborating for a Sustainable Workforce

National Framework for the Provision of Clinical and Healthcare Staffing

Annex 1: Order Form

FROM:

CONTRACTING AUTHORITY	NHS Midlands & Lancashire Commissioning Support Unit
CONTRACTING AUTHORITY ADDRESS	Heron House 120 Grove Road Fenton Stoke on Trent Staffordshire ST4 4LX
INVOICE ADDRESS (if different)	NHS Midlands & Lancashire CSU [REDACTED] [REDACTED] [REDACTED] [REDACTED]
CONTRACTING AUTHORITY AUTHORISER NAME	[REDACTED] [REDACTED]
ORDER NUMBER	To be advised
ORDER DATE	13 February 2023

TO:

SUPPLIER	Hays Healthcare Limited
SUPPLIER'S ADDRESS	4th Floor 20 Triton Street, London, United Kingdom, NW1 3BF (company number 00975677)
ACCOUNT MANAGER	[REDACTED] [REDACTED] [REDACTED]

PART 1: SERVICE REQUIREMENT	
PART 1.1: SERVICE AND DELIVERABLES REQUIRED: Temporary Worker Requirements:	
LOT: (If Lots 1-5, please indicate if Master Vendor)	3
NUMBER OF ROLES REQUIRED:	1
NUMBER OF CVS REQUIRED:	CVs of suitably qualified and experienced candidates are welcomed
JOB ROLE/TITLE:	RMN/LD Nurse Assessor
PAY BAND/GRADE:	[REDACTED]
HOURS/DAYS REQUIRED:	[REDACTED]



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ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL)	None	
RELEVANT RISK ASSESSMENT/SAFEGUARDING REQUIREMENTS	Yes	
IMMUNISATION REQUIREMENTS	None required	
HIGH COST AREA SUPPLEMENT?	1. None	
SKILLS, TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:	Suitably qualified and experienced CHC/IPA Nurse Assessor	
PERSON AND DEPT TO WHOM WORK- SEEKER SHOULD REPORT AT START:	Continuing Healthcare – details to be advised	
EXPENSES	No	
ADDITIONAL REQUIREMENTS:	None	
SHIFT START DATE:	27 February 2023	
DISCOUNTS APPLICABLE:	No	
PART 1.2: ANTICIPATED DURATION OF CONTRACT		
COMMENCEMENT DATE	27 February 2023	
ANTICIPATED END DATE	26 May 2023 – with the ability to extend up to six months if required	
TEMPORARY OR FIXED TERM ASSIGNMENT	Temporary	
METHOD OF PAYMENT	Payment within 30 days of invoice	
PART 1.3: MILESTONES AND KEY DELIVERABLES		
n/a		
PART 1.4: CHARGES PAYABLE BY CONTRACTING AUTHORITY (INCLUDING ANY APPLICABLE DISCOUNT AND METHOD OF PAYMENT E.G. GOVERNMENT PROCUREMENT CARDS OR BACS):		
Invoices will be issued weekly with charges as per the Framework Agreement.		
	Pre-AWR	Post-AWR
Pay to Worker(s)	██████████	██████████
Total Charge	██████████	██████████
PAYMENT PROFILE WILL BE 'ON COMPLETION OF WORKS' AS PER PARAGRAPH 9.3 OF SCHEDULE 2 OF THESE CALL-OFF TERMS AND CONDITIONS.		
DISCOUNTS APPLICABLE	n/a	
PART 1.5: ACCEPTANCE PRIOR TO PAYMENT		
Completion and approval of an assignment time sheet by Service Provider		

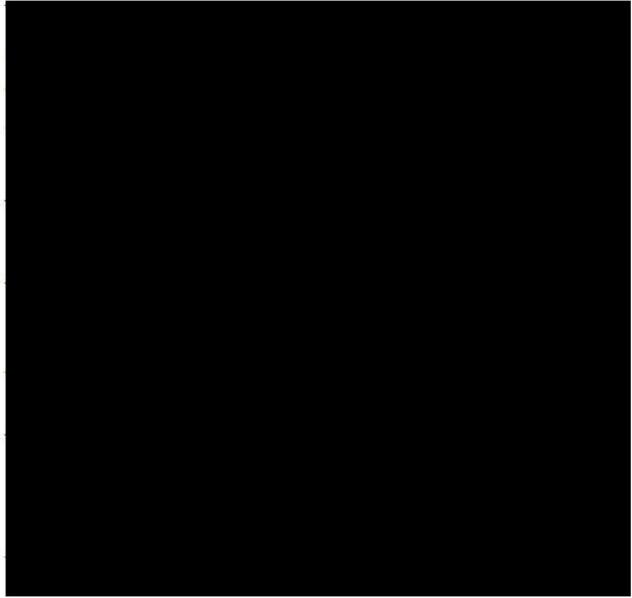


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PART 2: CONTRACTING AUTHORITY CONTRACTUAL REQUIREMENTS & DELIVERABLES	
Purchase order will be raised for each individual assignment.	
PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS (IF APPLICABLE)	
PART 3.1: SUPPLEMENTARY REQUIREMENTS IN ADDITION TO CALL-OFF TERMS AND CONDITIONS:	N/A
PART 3.2: VARIATIONS TO CALL-OFF TERMS AND CONDITIONS:	 

[Redacted content]

PART 5.1: THE FOLLOWING INFORMATION SHALL BE DEEMED COMMERCIALLY SENSITIVE INFORMATION OR CONFIDENTIAL INFORMATION:	All information the candidate has sight of will be deemed as commercially sensitive or confidential.
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BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES to enter a legally binding contract with the Contracting Authority to provide to the Contracting Authority the Services specified in the Service Order Requirements set out in this Order Form [(together with where completed and applicable, the further-competition order (additional requirements)] incorporating the rights and obligations in the Call-Off Terms and Conditions set out in the Framework Agreement between the Supplier and the Authority.

FOR AND ON BEHALF OF THE SUPPLIER:

NAME:	[REDACTED]
TITLE:	[REDACTED]
SIGNATURE:	[REDACTED]
DATE:	[REDACTED]

FOR AND ON BEHALF OF THE CONTRACTING AUTHORITY:

NAME:	[REDACTED]
TITLE:	[REDACTED]
SIGNATURE:	[REDACTED]
DATE:	[REDACTED]

Order Form FAQs

When should I use this order form? – this form should be completed when you have agreed to source Temporary Worker/s from a Supplier using either a direct award or following completion of a further competition.

Who should I send the form to? – Once you have filled out the form it should be sent to the Supplier for signature. Both you and the Supplier should keep a signed copy of the form.

Who is the Contracting Authority? - This is your organisation. Whoever is paying the invoices should be entered here

Who is the Supplier? - The Recruitment Agency you are hiring the Temporary Worker from.

What is a Call-Off Contract? - is an individual contract between a Supplier and Contracting Authority for the provision of services, goods or works (deliverables) under the terms and conditions of the overarching framework contract. A Call-off from a framework is that final part Suppliers and Contracting Authority’s need to complete to begin working with each other.

What are “deliverables”? - This is a statement of what the Contracting Authority requires as part of the contract.

What should I enter in “Order number”? - A specific reference given/assigned by you, the Contracting Authority, that clearly identifies work undertaken as part of this call off.



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What should I enter in “Order Date”? - The date that the terms of the call off are agreed.

What is the “Commencement Date”? - When supply is agreed to commence. This can be different from the order date e.g. the start of the next term.

What is the “Anticipated end date”? - This is a date defined by the Contracting Authority and can be any duration, 6 months etc. to suit the Contracting Authority’s needs. Note: the period should be long enough to ensure fair provision of services by the Supplier/s and that it gives reasonable time for any Contracting Authority conclusions to be made. Include here any contract extension options detailing how the call off may be continued after the Anticipated End Date.



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