

### National Framework for the Provision of Clinical and Healthcare Staffing

#### Annex 1: Order Form

##### FROM:

<b>CONTRACTING AUTHORITY</b>	NHS Midlands & Lancashire Commissioning Support Unit
<b>CONTRACTING AUTHORITY ADDRESS</b>	Heron House 120 Grove Road Fenton Stoke on Trent Staffordshire ST4 4LX
<b>INVOICE ADDRESS (if different)</b>	NHS Midlands & Lancashire CSU [REDACTED]
<b>CONTRACTING AUTHORITY AUTHORISER NAME</b>	[REDACTED]
<b>ORDER NUMBER</b>	To be advised
<b>ORDER DATE</b>	To be advised
<b>COMMENCEMENT DATE</b>	14 February 2022 (or as soon as possible after)
<b>ANTICIPATED END DATE</b>	Three month assignment with potential to extend

##### TO:

<b>SUPPLIER</b>	Coyle Recruitment
<b>SUPPLIER'S ADDRESS</b>	Hygeia, 66-68 College Road, Harrow, Middlesex HA1 1BE
<b>ACCOUNT MANAGER</b>	Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

<b>PART 1: SERVICE REQUIREMENT</b>	
<b>PART 1.1: SERVICE AND DELIVERABLES REQUIRED: Temporary Worker Requirements:</b>	
<b>LOT: (If Lots 1-5, please indicate if Master Vendor)</b>	3
<b>NUMBER OF ROLES REQUIRED:</b>	1



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<b>NUMBER OF CVS REQUIRED:</b>	CVs of suitably qualified and experienced candidates are welcomed
<b>JOB ROLE/TITLE:</b>	CHC Nurse Assessor
<b>PAY BAND/GRADE:</b>	6
<b>HOURS/DAYS REQUIRED:</b>	Up to a maximum of 37.5 hours per week, Monday to Friday
<b>ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL)</b>	None
<b>RELEVANT RISK ASSESSMENT/SAFEGUARDING REQUIREMENTS</b>	Yes [REDACTED]
<b>IMMUNISATION REQUIREMENTS</b>	None required
<b>HIGH COST AREA SUPPLEMENT?</b>	1. None
<b>SKILLS, TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:</b>	Suitably qualified and experienced CYP professional
<b>PERSON AND DEPT TO WHOM WORK-SEEKER SHOULD REPORT AT START:</b>	Personalised Healthcare
<b>EXPENSES</b>	No
<b>ADDITIONAL REQUIREMENTS:</b>	None
<b>SHIFT START DATE:</b>	[REDACTED]
<b>PART 1.2: PAYMENT PROFILE WILL BE 'ON COMPLETION OF WORKS' AS PER PARAGRAPH 9.3 OF SCHEDULE 2 OF THESE CALL-OFF TERMS AND CONDITIONS.</b>	
<b>DISCOUNTS APPLICABLE:</b>	[REDACTED]
<b>METHOD OF PAYMENT</b>	Payment within 30 days of invoice
<b>PART 1.3: ACCEPTANCE PRIOR TO PAYMENT</b>	
Completion and approval of an assignment time sheet by Service Provider	
<b>PART 2: CONTRACTING AUTHORITY CONTRACTUAL REQUIREMENTS &amp; DELIVERABLES</b>	
Purchase order will be raised for each individual [REDACTED]	
<b>PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS (IF APPLICABLE)</b>	
<b>PART 3.1: SUPPLEMENTARY REQUIREMENTS IN ADDITION TO CALL-OFF TERMS AND CONDITIONS:</b>	N/A
<b>PART 3.2: VARIATIONS TO CALL-OFF TERMS AND CONDITIONS:</b>	N/A



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<b>PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES</b>	
<b>PART 4.1: KEY PERSONNEL OF THE SERVICE PROVIDER TO BE INVOLVED IN THE SERVICES AND DELIVERABLES:</b>	N/A
<b>PART 4.2: SUB-CONTRACTORS TO BE INVOLVED IN THE SERVICES AND DELIVERABLES:</b>	N/A
<b>PART 5: CONFIDENTIAL INFORMATION</b>	
<b>PART 5.1: THE FOLLOWING INFORMATION SHALL BE DEEMED COMMERCIAL SENSITIVE INFORMATION OR CONFIDENTIAL INFORMATION:</b>	

**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:**

<b>NAME:</b>	
<b>TITLE:</b>	
<b>SIGNATURE:</b>	DocuSigned by: [Redacted Signature]
<b>DATE:</b>	21/02/2022

**FOR AND ON BEHALF OF THE CONTRACTING AUTHORITY:**

<b>NAME:</b>	
<b>SIGNATURE:</b>	
<b>DATE:</b>	

**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 specification number issued by the Contracting Authority, that clearly identifies work undertaken as part of this call off.

**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.