






HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1: CLIENT INFORMATION

| | |
|---|---|
| HEALTH AND SAFETY EXECUTIVE CUSTOMER | HEALTH AND SAFETY EXECUTIVE |
| SERVICE ADDRESS | Redgrave Court, Bootle, Liverpool L20 7HS |
| LINE MANAGER | [REDACTED] Tel: [REDACTED] Email [REDACTED] (timesheet authorisation, as above unless stated otherwise) |
| HSE CONTRACT REF NO. | 1.11.4.3762. |

| | |
|-----------------|---|
| CONTRACTOR | HAYS IT |
| SERVICE ADDRESS | 5TH FLOOR CITY TOWER MANCHESTER M1 4BT |
| ACCOUNT MANAGER | [REDACTED] Tel: [REDACTED] [REDACTED] |

PART 2: SERVICE REQUIREMENTS

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|--|---|
| NAME OF INTERIM PERSONNEL |  |
| FRAMEWORK DISCIPLINE AREA | OSD |
| JOB ROLE / TITLE | User Researcher |
| JOB DESCRIPTION (including details if part-time / full-time, hours of work, location) |  User researcher updated 190719 Fin |
| DELIVERABLES | |
| IR35 ASSESSMENT |  IR35 result for interims.pdf |
| COMMENCEMENT DATE | 26th October 2020 |
| END DATE | 29th January 2021 |
| 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**

| Date From | To | No Days | Candidate Daily Rate | Daily Agency Fee | Total Daily Fee |
|------------------|--------------|----------------|---------------------------------|-----------------------------|----------------------------|
| 26/10/2020 | 29/01/2021 | 67 | £610.00 | £85.00 | £695.00 |
| | | | | | |
| | TOTAL | | £40,870.00 | £5,695.00 | £46,565.00 |

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) | To be advised |

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

HAYS IT
5TH FLOOR, CITY TOWER, MANCHESTER M1 4BT

Signature

Name in Capitals

Position

Date

Duly authorised to sign on behalf of the

HEALTH AND SAFETY EXECUTIVE
2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS