

OFFICIAL

RM6160: Non Clinical Temporary and Fixed Term Staff

Order Form

1. CONTRACTING AUTHORITY	
Contracting Authority Name	HEALTH AND SAFETY EXECUTIVE
Contracting Authority Contact	
Contracting Authority Address	REDGRAVE COURT MERTON ROAD BOOTLE MERSEYSIDE L20 7HS
Invoice Address (If Different)	N/A

2. SUPPLIER	
Supplier Name	Methods Business & Digital Technology Ltd
Supplier Contact	
Supplier Address	Saffron House, Kirby Street London EC1N 8TS

3. SERVICE REQUIREMENT	
Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff
Framework Lot	3
Call Off (Order) Ref	
Order Date	03 Sep 2020
Call Off Start Date	14 Sep 2020
Call Off Expiry Date	14 July 2021
Extension Options	The Contract may be subject to an extension period.
GDPR Position	Independent Controller (default unless specified)
Number Of Roles Required	One
Number Of CVs Required	N/A
Job Role/Title	Project Manager
Temporary / Fixed Term Assignment	Temporary
Hours/Days Required	Normal working days are Monday to Friday, excluding public holidays. Standard working hours are 37.5 per week excluding breaks
Unsocial Hours Required (give detail)	Not Applicable

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<b>High Cost Area Supplement Details</b>	None N/A
<b>Immunisation Requirements (Fee Type 1 Only)</b>	N/A

4. FINANCIAL												
Pay Band												
Fee Type	Non-Patient Facing (No Disclosure)											
Expenses To Be Paid Or Benefits Offered	N/A											
Expenses To Be Paid By Temporary Worker	Travel to and from the primary place of work will not be reimbursed by the HSE											
Charge Rates	<table><tr><td></td><td>Pre-AWR</td><td>Post-AWR</td></tr><tr><td>Pay to Worker</td><td>£200.00 (Day)</td><td>£200.00 (Day)</td></tr><tr><td>Total Charge</td><td>£234.20 (Day)</td><td>£234.20 (Day)</td></tr></table>				Pre-AWR	Post-AWR	Pay to Worker	£200.00 (Day)	£200.00 (Day)	Total Charge	£234.20 (Day)	£234.20 (Day)
	Pre-AWR	Post-AWR										
Pay to Worker	£200.00 (Day)	£200.00 (Day)										
Total Charge	£234.20 (Day)	£234.20 (Day)										
Method Of Payment	<p>BACS</p> <p><b>A Purchase Order Number will be provided by the customer department</b></p> <p>This Purchase Order number must be present on all invoices submitted in connection with this contract.</p> <p>Invoices must be submitted on a <b>monthly</b> basis.</p> <p>All invoices must be clearly broken down to identify all aspects of the charges and be accompanied by supporting documentation where available.</p>											
Discounts Applicable	N/A											

5. SECURITY	
<b>Criminal Records Check</b>	Basic DBS check to be completed
<b>BPSS Required</b>	Yes
<b>State Any Additional Clearance &amp; Background Checking Required</b>	N/A
<b>Skills, Mandatory Training And Qualifications Necessary For The Role:</b>	

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### 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

6. THE REQUIREMENT	
Acceptance Prior To Payment	Timesheets must be approved by the Contractor's Manager. A copy of the timesheet must be submitted with the Service Provider's invoice.
Contractor Name	Nicola Greenwood
ADDITIONAL ROLE INFORMATION	
Quality Standards	The Contractor is expected to comply to with client's applicable policies and operating procedures, details will be made available upon the commencement of the engagement insofar as they are applicable to independent contractors.
CONTROL	
Notice of Termination	Termination notice period of 1 week, or sooner if agreeable to all parties.
VARIATIONS TO CALL-OFF TERMS AND CONDITIONS	
KEY STAFF	
N/A	
KEY SUBCONTRACTORS	
No Sub-Contractors will be employed by the Service Provider in the provision of the Services.	

**BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES** to enter a legally binding contract with the Contracting Authority in the Service Order Requirements set out in this Order Form.

FOR AND ON BEHALF OF THE SUPPLIER:		FOR AND ON BEHALF OF THE CONTRACTING AUTHORITY:	
Signature:		Signature:	
Name:		Name:	
Role:		Role:	
Date:	4 <sup>th</sup> September 2020	Date:	04/09/2020