HSE

HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1 : CLIENT INFORMATION

HEALTH AND SAFETY EXECUTIVE CUSTOMER	Health & Safety Executive
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	[redacted] T [redacted] [redacted] (timesheet authorisation, as above unless stated otherwise)
HSE CONTRACT REF NO.	1.11.4.3791

CONTRACTOR	HAYS IT
SERVICE ADDRESS	5th Floor CITY TOWER MANCHESTER M1 4BT
ACCOUNT MANAGER	[redacted] [redacted] E Mail [redacted]

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	[redacted]
FRAMEWORK DISCIPLINE AREA	Covid Spot Check
JOB ROLE / TITLE	Business Improvement Manager
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	Business Improvement Manag
IR35 ASSESSMENT	IR35.pdf
COMMENCEMENT DATE	14 December 2020
END DATE	31 March 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
14/12/2020	31/03/2021	75	£700	£100	£800
Totals			£52,500	£7,500	£60,000

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 follwing 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 ivoices 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 [redacted]

Name in Capitals [redacted]

Position [redacted]

Date 10/12/20

Duly authorised to sign on behalf of
HAYS IT
5th Floor, City Tower, Manchester M1 4BT

Signature [redacted]

Name in Capitals [redacted]

Position Procurement Manager

Date 15/12/2020

Duly authorised to sign on behalf of the
HEALTH AND SAFETY EXECUTIVE
2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS