This Order Form is for the provision of the Call-Off Deliverables. It is issued under the Framework Contract RM6160: Non Clinical Temporary and Fixed Term Staff.

Contracting Authority Name	Department for Business, Energy & Industrial Strategy (BEIS)
Contracting Authority	Name: REDACTED
Contact	Email: REDACTED REDACTED
Contracting Authority	1 Victoria Street, London, SW1H 0ET
Address	
Invoice Address	c/o UK SBS, Queensway House, West Precinct, Billingham,
(if different)	TS23 2NF

Supplier Name	Hays Specialist Recruitment Ltd	
Supplier Contact	Name: REDACTED Email: REDACTED Tel: REDACTED	
Supplier Address	4th Floor, 20 Triton Street, London, NW1 2AF	

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff	
Framework Lot	Lot 3	
Call-Off (Order) Ref	CS21238	
Order Date	REDACTED	
Call off Start Date	REDACTED	
Call-Off Expiry Date	REDACTED	
Extension Options	N/A	
GDPR Position	Independent Controller	
Job role / Title	Lead Developer	
Temporary or Fixed Term	Temporary Assignment	
Assignment		
Hours / Days required	8 hours per day / 5 days per week / Maximum REDACTED	
	working days	
Unsocial hours required –	N/A	
give details		
High cost area	None	
supplement details		
Immunisation	N/A	
requirements? (Fee type 1		
only)		

Pay band	10A		
Fee Type	Non-Patient Facing (Disclosure)		
Expenses to be paid or	N/A		
benefits offered			
Expenses to be paid by	None		
Temporary Worker			
Charge rates	Pre-AWR	Post-AWR	

	REDACTED per day	REDACTED per day	
	The total contract value shall not exceed £ REDACTED excluding VAT as per the breakdown below:		
	REDACTED: REDACTED working days @ REDACTED ex VAT = REDACTED ex VAT		
	It is the viewpoint of the contracting authority that the candidate above is in scope of the intermediaries legislation (IR35). All workers are subject to 5 working days' notice period.		
Method of payment	The supplier shall issue electronic invoices weekly in arrears following customer approval of the workers timesheet. The customer shall pay the supplier within thirty (30) calendar days upon receipt and acceptance of a valid invoice.		
	Invoice to include purchase order number and contract reference shall be sent to REDACTED		
Discounts applicable	N/A		

Criminal records check	Yes
required	
BPSS required	Yes
State any other required	N/A
clearance and/or	
background checking	
State any skills,	REDACTED
mandatory training and	
qualifications necessary	
for the role	

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.

BUYER SPECIFIC AMENDMENTS TO THE CALL-OFF INCORPORATED TERMS

- Where a Fixed Term Assignment will be placed with the Contracting Authority un- der this Agreement, Framework Schedule 1 Clause 5.3.5 and Clause 5.3.6 shall not apply.
- ii. The Parties agree that for the fulfilment of Framework Schedule 1 (Specification) Clause 11.2 it is sufficient where the Supplier will show the Charges and hours worked on each invoice issued.
- Joint Schedule 1 (Definitions) Clause 1.4 "Temporary Work-Seeker" iii. shall apply "b) Any worker supplied to a Contracting Authority under this Framework Contract on a temporary basis, by a Supplier acting as

an Employment Business, being a person who carries on business of their own account, through a limited company or otherwise and who works under supervision and direction of the Contracting Authority"

iv. For the avoidance of doubt the Parties agree that Core Terms Clause 4.11 does not prevent the Supplier from raising genuine queries in relation to invoices or from working with CCS or the Contracting Authority to resolve invoicing issues.

CALL-OFF DELIVERABLES

The requirement

The requirements to be delivered by the Supplier to the Contracting Authority in accordance with the Framework Specification during the specified Call-Off Period.

The Supplier will provide a Temporary Worker to perform an Assignment as above.

PERFORMANCE OF THE DELIVERABLES

Key Staff
REDACTED
Key Subcontractors
N/A

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:	REDACTED	Signature:	REDACTED
Signature.	REDACTED	Signature.	-
Name:	NED/NOTED	Name:	REDACTED
Role:	REDACTED	ices Role:	REDACTED
Date:	REDACTED	Date:	REDACTED

REDACTED