

**RM6160: Non Clinical Temporary and  
Fixed Term Staff  
(Short Form)**

## Order Form Template (Short Form)

Crown Copyright 2019

### Guidance:

This Order Form, when completed and signed by both you (the Contracting Authority) and the Supplier, forms a Call-Off Contract from CCS framework RM6160, Non Clinical Temporary and Fixed Term Staff. Signing the Order Form ensures that both parties are able to compliantly use the terms and conditions agreed from the procurement exercise.

You can complete and execute a Call-Off contract by using an equivalent document or electronic purchase order system. If an electronic purchasing system is used, the text below must be copied into the electronic order form.

### Order Form Template

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.

<b>Contracting Authority Name</b>	<a href="#">Secretary of State for Health and Social Care, acting as part of the Crown Department of Health and Social Care</a>
<b>Contracting Authority Contact</b>	[REDACTED]
<b>[REDACTED]</b>	[REDACTED] Finance Directorate Accounts Branch [REDACTED] Quarry House Leeds
<b>Invoice Address (if different)</b>	[REDACTED]

<b>Supplier Name</b>	Allen Lane
<b>Supplier Contact</b>	[REDACTED]
<b>Supplier Address</b>	33 King Street London SW1Y 6RJ

<b>Framework Ref</b>	RM6160: Non Clinical Temporary and Fixed Term Staff
<b>Framework Lot</b>	2
<b>Call-Off (Order) Ref</b>	
<b>Order Date</b>	14/12/21
<b>Call off Start Date</b>	1/1/22
<b>Call-Off Expiry Date</b>	31/3/22 (one month notice period to be incorporated)
<b>Extension Options</b>	To be agreed
<b>GDPR Position</b>	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller
<b>Number of roles required:</b>	1
<b>Number of CV's required:</b>	1

# Order Form Template (Short Form)

Crown Copyright 2019

<b>Job role / Title</b>	SCS1 MQS Finance Lead
<b>Temporary or Fixed Term Assignment</b>	Temporary
<b>Hours / Days required</b>	As agreed
<b>Unsocial hours required – give details</b>	As agreed. Notice period of 1 month either way to be incorporated
<b>High cost area supplement details</b>	1. None
<b>Immunisation requirements? (Fee type 1 only)</b>	N/A

<b>Pay band</b>	■
<b>Expenses to be paid or benefits offered</b>	TBC
<b>Expenses to be paid by Temporary Worker</b>	TBC
<b>Charge rates</b>	■ – ■ ■ ■
<b>Method of payment</b>	The candidate will submit a weekly timesheet for approval. The Service Provider will charge ■ per day quoting the purchase order number on the invoice. Acceptance will be indicated through the approval of a timesheet. ■
<b>Discounts applicable</b>	CCS RM6160 terms apply

<b>Criminal records check</b>	In process
<b>BPSS required</b>	Yes
<b>State required clearance and background checking</b>	BPSS
<b>Skills, mandatory training and qualifications necessary for the role</b>	

## **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**

The requirement	
•	

## **PERFORMANCE OF THE DELIVERABLES**

Key Staff	
Key Subcontractors	
N/A	

