



## HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

### PART 1: CLIENT INFORMATION

<b>HEALTH AND SAFETY EXECUTIVE CUSTOMER</b>	
<b>SERVICE ADDRESS</b>	Redgrave Court, Bootle, Liverpool L20 7HS
<b>LINE MANAGER</b>	<div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div> Tel: <div style="background-color: black; width: 200px; height: 1.2em; display: inline-block;"></div> Email: <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> (timesheet authorisation, as above unless stated otherwise)
<b>HSE CONTRACT REF NO.</b>	1.11.4.3679

<b>CONTRACTOR</b>	Hays IT
<b>SERVICE ADDRESS</b>	HAYS recruiting experts worldwide  5th Floor City Tower Manchester M1 4BT
<b>ACCOUNT MANAGER</b>	<div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 1.2em; margin-bottom: 5px;"></div> Email: <div style="background-color: black; width: 200px; height: 1.2em; display: inline-block;"></div>

**PART 2 : SERVICE REQUIREMENTS**

<b>NAME OF INTERIM PERSONNEL</b>	
<b>FRAMEWORK DISCIPLINE AREA</b>	Building Safety Regulator
<b>JOB ROLE / TITLE</b>	Project Manager
<b>JOB DESCRIPTION</b> (including details if part-time / full-time, hours of work, location)	 1.11.4.3679%20%20 Job%20Description-
<b>IR35 ASSESSMENT</b>	 IR35 Result.pdf
<b>COMMENCEMENT DATE</b>	12/08/2020
<b>END DATE</b>	31/03/2021
<b>TERMINATION</b>	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**

<u>Date From</u>	<u>To</u>	<u>No Days</u>	<u>Candidate Daily Rate</u>	<u>Daily Agency Fee</u>	<u>Total Daily Fee</u>
12/08/2020	31/03/2021	166	£550	£90	£640
Totals					£106,240

**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 :

<b>INVOICING ADDRESS</b> (electronic only)	<b><u>APInvoices-HAS-U@gov.sscl.com</u></b>
<b>PURCHASE ORDER NO.</b> (to be quoted on all invoices)	

## 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 Signature]

Name in Capitals

[Redacted Name]

Position

[Redacted Position]

Date

[Redacted Date]

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

Signature

[Redacted Signature]

Name in Capitals

[Redacted Name]

Position

HEAD OF HSE CONTRACTS TEAM

Date

12/08/2020

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