

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

For help with completing this Order Form please refer to the Short Order Form FAQ's [here](#)

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.

Contracting Authority Name	DHSC
Contracting Authority Contact	Redacted in line with the FOIA
Contracting Authority Address	39 Victoria Street London SW1H 0EU
Invoice Address (if different)	Redacted in line with the FOIA

Supplier Name	Venn Group
Supplier Contact	Redacted in line with the FOIA
Supplier Address	Fountain House, South Parade, Leeds, LS1 5QX

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff
Framework Lot	2
Order reference number (e.g. purchase order number)	Redacted in line with the FOIA
Date order placed	11/8//2022
Call off Start Date	31/08/2022
Call-Off Expiry Date	30/12/2022
Extension Options	This is a contract extension. Duration of the role can be extended
GDPR Position	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller
Job role / Title	Account Manager

Order Form Template (Short Form)
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Temporary or Fixed Term Assignment	[GUIDANCE NOTE: Fixed term workers are on the Contracting Authority's Payroll]
Hours / Days required	37.5
Unsocial hours required – give details	
High cost area supplement details (NHS only)	1. None
Immunisation requirements? (Fee type 1 only)	

Pay band (use rate card to determine this)	5	
Fee Type	3. Non-Patient Facing (No Disclosure required)	
Expenses to be paid or benefits offered		
Expenses to be paid by Temporary Worker		
Charge rates	Pre-AWR	Post-AWR
Total £56,539	£ (Hour/Day)	£ 23.79
	£ (Hour/Day)	£ 23.79
Method of payment	UMB	
Discounts applicable		

These rates will reduce from 6th November 2022 in line with the NI rate reduction

Criminal records check required	No
BPSS required	No
State any other required clearance and/or background checking	36 months of references OH Form Covid Risk Assessment
State any skills, mandatory training and qualifications necessary for the role	None

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
<p>[Guidance: Insert details of your requirement here].</p> <p>This may include:</p> <ul style="list-style-type: none"> • Any variation from the standard framework terms • Specialist knowledge requirements • Specific invoicing requirements • Specific service level agreements (SLA) • Specialist management information required. • Any specific health and Safety risks relevant to the role <p>Or you could simply state the requirements to be delivered by the Supplier to the Contracting Authority in accordance with the Framework Specification during the specified Call-Off Period</p> <p>For further details about what can and cannot be included here please email - Redacted in line with the FOIA</p>

PERFORMANCE OF THE DELIVERABLES

Key Staff
Redacted in line with the FOIA
Key Subcontractors
[Insert name of key sub-contractors if required]

For and on behalf of the Supplier:	For and on behalf of the Contracting Authority:
<p>Signature: Redacted in line with the FOIA</p> <p>Name:</p> <p>Role:</p> <p>Date:</p>	<p>Signature: Redacted in line with the FOIA</p> <p>Name:</p> <p>Role:</p> <p>Date:</p>