

# 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.

<b>Contracting Authority Name</b>	Secretary of State for Health & Social Care acting as part of the Crown (Department of Health and Social Care)
<b>Contracting Authority Contact</b>	Redacted
<b>Contracting Authority Address</b>	39 Victoria Street, SW1H 0EU Contract Base Location: Viewpoint, Basing View, Basingstoke, RG21 4RG
<b>Invoice Address (if different)</b>	Redacted inline with FOIA

<b>Supplier Name</b>	Michael Page
<b>Supplier Contact</b>	Redacted inline with FOIA
<b>Supplier Address</b>	4th Floor, 4 Brindley Place, Birmingham, B1 2LG

<b>Framework Ref</b>	RM6160: Non Clinical Temporary and Fixed Term Staff
<b>Framework Lot</b>	2- Corporate Functions
<b>Call-Off (Order) Ref</b>	
<b>Order Date</b>	Redacted
<b>Call off Start Date</b>	01/10/2022
<b>Call-Off Expiry Date</b>	31/03/2023
<b>Extension Options</b>	Extension as required

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<b>GDPR Position</b>	Joint Controller	
<b>Number of roles required:</b>	1	
<b>Number of CV's required:</b>	N/A	
<b>Job role / Title</b>	Freight Desk Operatives	
<b>Temporary or Fixed Term Assignment</b>	Temporary	
<b>Hours / Days required</b>	7 day coverage may be required, average of 126 per 6 months assumed, max 152 per 6 months	
	Redacted inline with FOIA	Redacted inline with FOIA
<b>Unsocial hours required – give details</b>	Redacted inline with FOIA	
<b>High cost area supplement details</b>	<ol style="list-style-type: none"> <li>1. None</li> <li>2. Inner London</li> <li>3. Outer London</li> <li>4. Fringe</li> </ol>	
<b>Immunisation requirements? (Fee type 1 only)</b>		

<b>Pay band</b>		
<b>Fee Type</b>	<ol style="list-style-type: none"> <li>1. Patient Facing</li> <li>2. Non-Patient Facing (Disclosure)</li> <li>3. Non-Patient Facing (No Disclosure)</li> </ol>	
<b>Expenses to be paid or benefits offered</b>	Redacted inline with FOIA	
<b>Expenses to be paid by Temporary Worker</b>	Redacted inline with FOIA	
	Redacted inline with FOIA	
	Redacted inline with FOIA	
	Redacted inline with FOIA	
<b>Charge rates</b>	Redacted inline with FOIA	Redacted inline with FOIA
	Redacted inline with FOIA	Redacted inline with FOIA
<b>Method of payment</b>	Redacted inline with FOIA	
<b>Discounts applicable</b>	N/A	
Redacted inline with FOIA		

<b>Criminal records check</b>	Not Applicable – completed for original hire
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<b>BPSS required</b>	Not Applicable - completed for original hire
<b>State required clearance and background checking</b>	DBS / BPSS completed for original hire
<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
<ul style="list-style-type: none"> <li>- One week notice period for either party</li> <li>- Off-Payroll working rules apply – In Scope of IR35 – Umbrella Model required</li> </ul>  <p>FINAL_Express_Freigh t_Service_MDCC_Freig</p>

**PERFORMANCE OF THE DELIVERABLES**

Key Staff
Redacted inline with FOIA
Key Subcontractors
TBC

For and on behalf of the Supplier:	For and on behalf of the Contracting Authority:
Signature:	Signature:
Name:	Name:
Role:	Role:
Date:	Date: