

# **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 and 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 London SW1H 0EU
<b>Invoice Address (if different)</b>	[REDACTED]

<b>Supplier Name</b>	Venn Group
<b>Supplier Contact</b>	[REDACTED]
<b>Supplier Address</b>	Fountain House, South Parade, Leeds, LS1 5QX

<b>Framework Ref</b>	RM6160: Non Clinical Temporary and Fixed Term Staff
<b>Framework Lot</b>	2
<b>Order reference number (e.g. purchase order number)</b>	[REDACTED]
<b>Date order placed</b>	[REDACTED]
<b>Call off Start Date</b>	01/01/2023
<b>Call-Off Expiry Date</b>	30/06/2023
<b>Extension Options</b>	[REDACTED]
<b>GDPR Position</b>	[REDACTED]
<b>Job role / Title</b>	Account Manager

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

<b>Pay band (use rate card to determine this)</b>	5						
<b>Fee Type</b>	3. Non-Patient Facing (No Disclosure required)						
<b>Expenses to be paid or benefits offered</b>							
<b>Expenses to be paid by Temporary Worker</b>							
<b>Charge rates</b>	<table border="1"> <thead> <tr> <th>Pre-AWR</th><th>Post-AWR</th></tr> </thead> <tbody> <tr> <td>£ (Hour/Day)</td><td></td></tr> <tr> <td></td><td></td></tr> </tbody> </table>	Pre-AWR	Post-AWR	£ (Hour/Day)			
Pre-AWR	Post-AWR						
£ (Hour/Day)							
<b>Method of payment</b>							
<b>Discounts applicable</b>							

<b>Criminal records check required</b>	No
<b>BPSS required</b>	No
<b>State any other required clearance and/or background checking</b>	36 months of references OH Form Covid Risk Assessment
<b>State any skills, mandatory training and qualifications necessary for the role</b>	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>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

## PERFORMANCE OF THE DELIVERABLES

Key Staff
[REDACTED]
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:	
Signature:	[REDACTED]	Signature:	[REDACTED]
Name:	[REDACTED]	Name:	[REDACTED]
Role:	[REDACTED]	Role:	[REDACTED]
Date:	15/12/2022	Date:	30.12.22