





## **HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM**

### **PART 1 : CLIENT INFORMATION**

<b>HEALTH AND SAFETY EXECUTIVE CUSTOMER</b>	
<b>SERVICE ADDRESS</b>	<b>Redgrave Court, Bootle, Liverpool L20 7HS</b>
<b>LINE MANAGER</b>	<b>(timesheet authorisation, as above unless stated otherwise)</b>
<b>HSE CONTRACT REF NO.</b>	<b>T3599</b>

<b>CONTRACTOR</b>	<b>LA International Computer Consultants Ltd</b>
<b>SERVICE ADDRESS</b>	<b>International House Festival Way Stoke-on-Trent ST1 5UB</b>
<b>ACCOUNT MANAGER</b>	

## PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	OSD
JOB ROLE / TITLE	EU Exit Financial Modeller
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	 Fin Modeller JD Jan 20.docx
IR35 ASSESSMENT	 IR35.pdf
COMMENCEMENT DATE	24 February 2020
END DATE	31 <sup>st</sup> March 2020 – Although HSE will be looking to extend the end date, for a maximum of 12 months, no guarantee can be given until budgetary approval is given on or before 31 <sup>st</sup> March 2020
TERMINATION	A Termination Notice Period of one (1) weeks, unless otherwise agreed in writing between both parties.

## PART 3 : FEES / CHARGES

### i) DAILY CHARGE RATE APPLICABLE

Pay Rate	WTD	Premium	NI	Pension	Apprentice Levy	Contractor Fee	Total Charge
						£480	£12,960

### 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)	<a href="mailto:APinvoices-HAS-U@gov.sscl.com">APinvoices-HAS-U@gov.sscl.com</a>
<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 \_\_\_\_\_

Name in Capitals \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Duly authorised to sign on behalf of

**LA International Computer Consultants Ltd**  
International House, Festival Way, Stoke-on-Trent, ST1 5UB

Signature \_\_\_\_\_

Name in Capitals \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Duly authorised to sign on behalf of the

**HEALTH AND SAFETY EXECUTIVE**  
2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS