

# **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>	Department of Health and Social Care
<b>Contracting Authority Contact</b>	Redacted inline with FOIA
<b>Contracting Authority Address</b>	39 Victoria Street, SW1H 0EU
<b>Invoice Address (if different)</b>	Redacted inline with FOIA Redacted inline with FOIA

<b>Supplier Name</b>	Networkers
<b>Supplier Contact</b>	Redacted inline with FOIA
<b>Supplier Address</b>	Cottons Centre, 47-49 Tooley Street London SE1 2QN UK

<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 inline with FOIA
<b>Call off Start Date</b>	01/10/2022
<b>Call-Off Expiry Date</b>	31/03/2023
<b>Extension Options</b>	Redacted inline with FOIA
<b>GDPR Position</b>	Joint Controller

# Order Form Template (Short Form)

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<b>Number of roles required:</b>	1
<b>Number of CV's required:</b>	N/A
<b>Job role / Title</b>	Supply Resilience Freight Team Lead
<b>Temporary or Fixed Term Assignment</b>	Temporary
<b>Hours / Days required</b>	152 working days
<b>Unsocial hours required – give details</b>	Redacted inline with FOIA Redacted
<b>High cost area supplement details</b>	1. None 2. Inner London 3. Outer London 4. Fringe
<b>Immunisation requirements? (Fee type 1 only)</b>	

<b>Pay band</b>	
<b>Fee Type</b>	1. Patient Facing 2. Non-Patient Facing (Disclosure) 3. Non-Patient Facing (No Disclosure)
<b>Expenses to be paid or benefits offered</b>	Redacted inline with FOIA Redacted
<b>Expenses to be paid by Temporary Worker</b>	
<b>Charge rates</b>	Pre-AWR Redacted with FOIA Post-AWR Redacted
<b>Method of payment</b>	Redacted inline with FOIA
<b>Discounts applicable</b>	N/A
Redacted inline with FOIA	

<b>Criminal records check</b>	Yes
<b>BPSS required</b>	Yes
<b>State required clearance and background checking</b>	BPSS / DBS 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

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## PERFORMANCE OF THE DELIVERABLES

<b>Key Staff</b>
Redacted in line with
<b>Key Subcontractors</b>
TBC

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:	Redacted inline with FOIA	Signature:	Redacted inline with FOIA
Name:		Name:	
Role:		Role:	
Date:		Date:	