

# **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>	Quarry House Quarry Hill Leeds West Yorkshire LS2 7UE
<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>	Name: 1 Whitehall Riverside, Leeds, LS1 4BN Redacted inline with FOIA

<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>	
<b>Date order placed</b>	Redacted
<b>Call off Start Date</b>	1 <sup>st</sup> October 2022
<b>Call-Off Expiry Date</b>	31 <sup>st</sup> March 2023
<b>Extension Options</b>	Redacted inline with FOIA Redacted

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<b>GDPR Position</b>	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller
<b>Job role / Title</b>	Finance Manager F&L
<b>Temporary or Fixed Term Assignment</b>	Temporary
<b>Hours / Days required</b>	37.5 Monday-Friday
<b>Unsocial hours required – give details</b>	To meet deadlines this may be required
<b>High cost area supplement details (NHS only)</b>	1. None 2. Inner London 3. Outer London 4. Fringe
<b>Immunisation requirements? (Fee type 1 only)</b>	N/A

<b>Pay band (use rate card to determine this)</b>	7				
<b>Fee Type</b>	1. Patient Facing 2. Non-Patient Facing (Disclosure required) 3. Non-Patient Facing (No Disclosure required)				
<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				
<b>Charge rates</b>	<table border="1"> <tr> <td>Redacted inline with FOIA</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Redacted inline with FOIA			
Redacted inline with FOIA					
<b>Method of payment</b>	Redacted				
<b>Discounts applicable</b>					

<b>Criminal records check required</b>	Yes / No as part of original contract
<b>BPSS required</b>	Yes / No as part of original contract
<b>State any other required clearance and/or background checking</b>	Redacted inline FOIA Redacted Redacted

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<b>State any skills, mandatory training and qualifications necessary for the role</b>	N/A

## 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

[illegible]

<b>Key Staff</b>	Redacted with [REDACTED]	<b>DELIVERABLES</b>
<b>Key Subcontractors</b>	[REDACTED]	

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:	27.9.22	Date:	29/09/2022