

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.

Contracting Authority Name	Department of Health and Social Care
Contracting Authority Contact	Redacted inline with FOIA
Contracting Authority Address	Quarry House Quarry Hill Leeds West Yorkshire LS2 7UE
Invoice Address (if different)	Redacted inline with FOIA

Supplier Name	Michael Page
Supplier Contact	Redacted inline
Supplier Address	Name: 1 Whitehal Riverside, Leeds, LS1 4BN Redacted inline

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff	
Framework Lot	2	
Order reference number		
(e.g. purchase order number)		
Date order placed	Redact	
Call off Start Date	1 st October 2022	
Call-Off Expiry Date	31st March 2023	
Extension Options	Redacted inline with FOIA	
	Redacted	

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GDPR Position	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller		
Job role / Title	Finance Manager F&L		
Temporary or Fixed Term Assignment	Temporary		
Hours / Days required	37.5 Monday-Friday		
Unsocial hours required – give details	To meet deadlines this may be required		
High cost area supplement details (NHS only)	1. None2. Inner London3. Outer London4. Fringe		
Immunisation requirements? (Fee type 1 only)	N/A		

Pay band (use rate card to determine this)	7
Fee Type	1. Patient Facing
	Non-Patient Facing (Disclosure required)
	Non-Patient Facing (No Disclosure required)
Expenses to be paid or benefits offered	Redacted inline with FOIA
Expenses to be paid by Temporary Worker	Redacted inline with FOIA
Charge rates	Redacted
	FOIA
Method of payment	Reda
modified of payment	
Discounts applicable	

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

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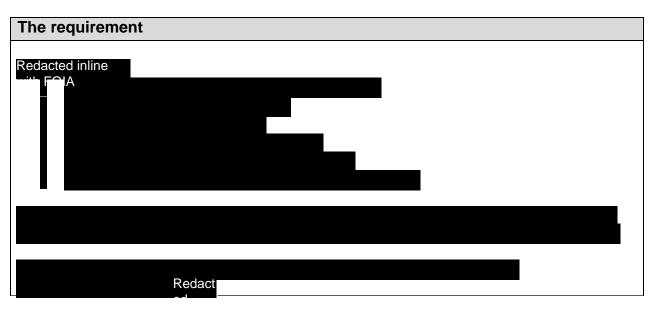
State any skills,	N/A
mandatory training and	
qualifications necessary	
for the role	

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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



	with DELIVERABLES	
Key Staff	Redacted	
Key Subcontractors		

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