







HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1: CLIENT INFORMATION

HEALTH AND SAFETY EXECUTIVE CUSTOMER	[REDACTED]
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	[REDACTED] [REDACTED] [REDACTED] (timesheet authorisation, as above unless stated otherwise)
HSE CONTRACT REF NO.	1.11.4.3441.

CONTRACTOR	Hays
SERVICE ADDRESS	5 th Floor CITY TOWER MANCHESTER M1 4BT
ACCOUNT MANAGER	[REDACTED] [REDACTED] [REDACTED]

PART 2 : SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	
JOB ROLE / TITLE	CHANGE AND BUSINESS IMPROVEMENT ANALYST
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	 Change and Business Improve
DELIVERABLES	Lead the design, build and test of the CRM / case management workflow, forms, screens, and views. Coach and develop the configuration team to support their development towards MS certification Support digital services once they are live, providing specialist 3rd line support as required, troubleshooting to determine issues and provide remedies
IR35 ASSESSMENT	 IR35 
COMMENCEMENT DATE	17 JUNE 2019
END DATE	26 JULY 2019
TERMINATION	A Termination Notice Period of one (1) weeks is applicable to this assignment, 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
						475.00	

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 :

INVOICING ADDRESS (electronic only)	<u>APinvoices-HAS-U@sscl.gse.gov.uk</u>
PURCHASE ORDER NO. (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

[Redacted Signature]

Name in Capitals

[Redacted Name]

Position

[Redacted Position]

Date

24/5/19.

Duly authorised to sign on behalf of

HAYS

5th, CITY TOWER, MANCHESTER, M1 4BT.

Signature

[Redacted Signature]

Name in Capitals

[Redacted Name]

Position

[Redacted Position]

Date

25/6/2019

Duly authorised to sign on behalf of the

HEALTH AND SAFETY EXECUTIVE

2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS