**Framework Schedule 6a (Short Order Form Template and Call-Off Schedules)**

[**Buyer guidance** this Framework Schedule 6a (Short Order Form Template and Call-Off Schedules) can be used under lots 1 - 6 only, in instances where a Contract is awarded via Direct Award, and no changes are made to the Framework standard Terms and Conditions as detailed this Framework Schedule 6a, and the Specification is in line with Framework Schedule 1 (Specification). If a Buyer wish to run a further competition, wish to use Framework Lot 7, or wish to make any adjustments to Terms and Conditions or Specification, then Framework Schedule 6 - Order Form Template should be used.

**Order Form**

CALL-OFF REFERENCE: **[Insert** Buyer’s contract reference number]

THE BUYER: **[Insert** Buyer’s name]

BUYER ADDRESS [**Insert** business address]

THE SUPPLIER: [**Insert** name of Supplier]

SUPPLIER ADDRESS:[**Insert** registered address (if registered)]

REGISTRATION NUMBER:[**Insert** registration number (if registered)]

DUNS NUMBER: **[Insert** if known]

SID4GOV ID: **[Insert** if known]

This Order Form, when completed and executed by both Parties, forms a Call-Off Contract. A Call-Off Contract can be completed and executed using an equivalent document or electronic purchase order system.

If an electronic purchasing system is used instead of signing as a hard-copy, text below must be copied into the electronic order form **starting from ‘APPLICABLE FRAMEWORK CONTRACT’ and up to, but not including, the** **Signature block.**

APPLICABLE FRAMEWORK CONTRACT

This Order Form is for the provision of the Call-Off Deliverables and dated [**Insert** date of issue].

It’s issued under the Framework Contract with the reference number RM6277 for the provision of Non Clinical Staff.

CALL-OFF LOT(S): [this order form may be used for lots 1 - 6 only - for lot 7 requirements, or where your requirement is bespoke or where adjustments have been made to terms and conditions, the full Framework Schedule 6 - Order Form Template should be used]

[Lot 1 - Admin & Clerical]

[Lot 2 - Corporate Functions]

[Lot 3 - IT Professionals]

[Lot 4 - Legal]

[Lot 5 - Scientific, Technical & Clinical Coding]

[Lot 6 - Estates, Facilities Management & Ancillary Staff]

CALL-OFF INCORPORATED TERMS

This is a Bronze Contract.

The following documents are incorporated into this Call-Off Contract. Where numbers are missing we are not using those schedules. If the documents conflict, the following order of precedence applies:

1. This Order Form.
2. Joint Schedule 1 (Definitions and Interpretation) RM6277
3. The following Schedules in equal order of precedence:

* Joint Schedules for RM6277
  + Joint Schedule 2 (Variation Form)
  + Joint Schedule 3 (Insurance Requirements)
  + Joint Schedule 4 (Commercially Sensitive Information)
  + Joint Schedule 7 (Financial Difficulties including Annex 5 Optional Terms for Bronze Contracts)
  + Joint Schedule 10 (Rectification Plan)
  + Joint Schedule 11 (Processing Data)
* Call-Off Schedules for RM6277
  + Call-Off Schedule 1 (Transparency Reports)
  + Call-Off Schedule 2 (Staff Transfer)
  + Call-Off Schedule 3 (Continuous Improvement)
  + [Call-Off Schedule 17 (MOD Terms) ]
  + [Call-Off Schedule 19 (Scottish Law) ]
  + [Call-off Schedule 21 (Northern Ireland Law)  ]
  + [Call-Off Schedule 23 (HMRC Terms) ]

1. CCS Core Terms (version 3.0.11)
2. Joint Schedule 5 (Corporate Social Responsibility) RM6277

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

CALL-OFF START DATE: **[Insert** Day Month Year]

CALL-OFF EXPIRY DATE: **[Insert** Day Month Year]

CALL-OFF DELIVERABLES

The provision of Non Clinical Temporary staff or any other temporary staff or fixed term workers. **[Insert** any relevant information in relation to the Deliverables]

[If awarding for a single or specific workers **Insert** details as below]

|  |  |
| --- | --- |
| Job Role/Title |  |
| Assignment Type | [i.e. temporary/fixed term)] |
| Hours/Days required |  |
| Detail on unsocial hours required |  |
| High cost area supplements that may apply | [1.None]  [2.Inner London]  [3.Outer London]  [4.Fringe] |
| Immunisations required |  |
| Fee Type | [1. Patient Facing]  [2. With Disclosure]  [3. No Disclosure] |
| Equivalent Agenda for Change (NHS) Pay band (as determined by the rate card) |  |
| Expenses to be paid or benefits offered |  |
| Expenses to be paid by Temporary Worker |  |
| Disclosure and Barring Service check requirements |  |
| BPSS required |  |
| State any other required clearance and/or background checking |  |
| State any skills, mandatory training and qualifications necessary for the role (those defined by the Framework Specification apply be default) |  |
| Supplier to provide ID badges? | [Yes/No]  **[Buyer Guidance** if badges are to be issued by the Buyer then the Buyer should select ‘no’ (the Supplier is still required to conduct ID checks and provide a photograph of the worker to enable positive identification] |
| [Temporary Worker Compliance Requirements (**NON-NHS CUSTOMERS ONLY**)] | [State any other required clearance and/or background checking  Please advise your requirements below noting Temporary Workers in Central Government will be checked to Baseline Personnel Security Standard plus any additional checks detailed below. All other Temporary Workers will be subject to Supplier’s standard pre-employment checks unless otherwise stated below:   * ] |

GDPR POSITION

The GDPR provisions for this Call-Off Contract are stated in Joint Schedule 11 – Processing Data, and its annexes.

The contact details of the Relevant Authority’s Data Protection Officer are:

**[Insert** Contact details]

The contact details of the Supplier’s Data Protection Officer are:

**[Insert** Contact details]

MAXIMUM LIABILITY

Each Party's total aggregate liability in each Contract Year under each Call-Off Contract (whether in tort, contract or otherwise) is no more than the greater of £1 million or 150% of the Estimated Yearly Charges.

CALL-OFF CHARGES

[**Insert** the Charges for the Deliverables including charges that will apply pre and post 12 weeks in accordance with the Agency Worker Regulations 2010, and any discounts that are applicable]

Discounts under Framework Schedule 1 Clause 13.24 and 13.25 will only be discounted to standard Framework Agreement Charges

PAYMENT METHOD

[**Insert** payment method(s) and necessary details]

BUYER’S INVOICE ADDRESS:

[**Insert** name]

**[Insert** role]

[**Insert** email address]

**[Insert** address]

BUYER’S AUTHORISED REPRESENTATIVE

[**Insert** name]

**[Insert** role]

[**Insert** email address]

**[Insert** address]

SUPPLIER’S AUTHORISED REPRESENTATIVE

[**Insert** name]

**[Insert** role]

[**Insert** email address]

**[Insert** address]

SUPPLIER’S CONTRACT MANAGER

[**Insert** name]

**[Insert** role]

[**Insert** email address]

**[Insert** address]

|  |  |  |  |
| --- | --- | --- | --- |
| **For and on behalf of the Supplier:** | | **For and on behalf of the Buyer:** | |
| Signature: |  | Signature: |  |
| Name: |  | Name: |  |
| Role: |  | Role: |  |
| Date: |  | Date: |  |

[**Buyer guidance:** execution by seal / deed where required by the Buyer].