

# **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  [Redacted]
<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  [Redacted]

<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>	

# Order Form Template (Short Form)

Crown Copyright 2019

Date order placed	Redact
Call off Start Date	1 <sup>st</sup> October 2022
Call-Off Expiry Date	31 <sup>st</sup> March 2023
Extension Options	Redacted inline with FOIA
GDPR Position	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller
Job role / Title	Operational Finance Reporting & Control PPE
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. None 2. Inner London 3. Outer London 4. Fringe
Immunisation requirements? (Fee type 1 only)	N/A

Pay band (use rate card to determine this)	G7
Fee Type	1. Patient Facing 2. Non-Patient Facing (Disclosure required) 3. 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	Pre-AWR Redacted inline with FOIA Post-AWR Redacted inline with FOIA
Method of payment	Reda
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	BPSS: Eligible to work checks required Basic DBS check

**Order Form Template (Short Form)**  
Crown Copyright 2019

	3 years worth of references  Qualification Check
<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]

## PERFORMANCE OF THE DELIVERABLES

<b>Key Staff</b>	Redacted inline with FOIA
<b>Key Subcontractors</b>	

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