

HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

PART 1: CLIENT INFORMATION

HEALTH AND SAFETY EXECUTIVE CUSTOMER	HEALTH AND SAFETY EXECUTIVE
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	(timesheet authorisation, as above unless stated otherwise)
HSE CONTRACT REF NO.	1.11.4.3720.

CONTRACTOR	SEARCH
SERVICE ADDRESS	Suite 2 Ground Floor 4 St Paul's Square Liverpool L3 9SJ
ACCOUNT MANAGER	

PART 2: SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	OSD
JOB ROLE / TITLE	PMO Manager
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	 Day to day assurance of inflight projects (which will include BSR and EU Exit) Maintaining a view on the wider portfolio of change Supporting Portfolio Board Facilitating GW0 Managing Spending Controls Embedding and facilitating project GWs and design authorities Embedding resource management practices Supporting the implementation of the change framework and delivery methodologies Continued development of Project Online Reporting independently programme and project progress Line Managing PMO analysts
IR35 ASSESSMENT	IR35 for 3720.pdf
COMMENCEMENT DATE	23 rd September 2020
END DATE	23 rd December 2020
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

Date From	<u>To</u>	No Days	Candidate Daily Rate	<u>Daily Agency</u> <u>Fee</u>	Total Daily Fee
23/09/2020	23/12/2020	66	£450	£50	£500
	TOTAL		£29,700	£3,300	£33,000

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 follwing HSE Standard Travel and Subsistence rates.



PART 4: INVOICING & PAYMENTS

All invoices raised <u>must</u> 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)	APinvoices-HAS-U@gov.sscl.com
PURCHASE ORDER NO. (to be quoted on all invoices)	To be advised

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	
Name in Capitals	
Position	
Date	
Duly authorised to s	ign on behalf of
SEARCH Suite 2 Ground Floo	r, 4 St Paul's Square, Liverpool L3 9SJ
Signature	
Name in Capitals	
Position	
Date	
Duly authorised to s	ign on behalf of the

HEALTH AND SAFETY EXECUTIVE

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