

RM6160: Non Clinical Temporary and Fixed Term Staff (Short Form)

Project Manager (WP5060)





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	
Contracting Authority Address	39 Victoria Street London SW1H OEU
Invoice Address (if different)	Consolidated monthly invoicing - all invoices must quote a valid PO number and be accompanied by the relevant timesheets and / or confirmation of deliverables to DHSC

Supplier Name	Red Snapper Recruitment Ltd	
Supplier Contact		
Supplier Address	10 Alie St, London E1 8DE	

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff
Framework Lot	2
Order reference number	WP5060
(e.g. purchase order number)	
Date order placed	As per date of final contract signature
Call off Start Date	01/10/2021
Call-Off Expiry Date	31/01/2022
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	The Contracting Authority will reserve the right to terminate any of the named personnel resource within this timeframe by giving one week's notice
Extension Options	None
GDPR Position	Independent Controller
Job role / Title	Project Manager
Temporary or Fixed Term Assignment	Temporary
Days required	84
Unsocial hours required – give details	Not Applicable
High cost area supplement details (NHS only)	None
Immunisation requirements? (Fee type 1 only)	Not Applicable

Pay band (use rate card to determine this)	10C		
Fee Type	Non-Patient Facing (No Disclosure required)		
Expenses to be paid or benefits offered	None		
Expenses to be paid by Temporary Worker	None		
Charge rates	Pre-AWR	Post-AWR	
Method of payment	BACs or alternative payment method as agreed between the Contracting Authority and the Agency. Standard 30 days payment terms		
Discounts applicable	None		

Criminal records check required	Yes
BPSS required	Already in place
State any other required clearance and/or background checking	None
State any skills, mandatory training and qualifications necessary for the role	Knowledge of T&T processes and procedures regarding customer use cases.

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

The requirement

Reporting and Monitoring requirements – all personnel resources

- The resource will be assigned a line manager who will delegate tasks and responsibilities
 accordingly to their role and capability. They will also be responsible for signing off their
 timesheet weekly in order to ensure that objectives are being met and to ensure the
 Authority receives value for money.
- Line managers will meet with resources at least once a week to review workload and ensure quality standards are maintained.

At the end of the contract (or earlier, if the contract is terminated early), the agency will communicate to the contractor to agree a date with DHSC to return any DHSC IT equipment and other property (in the state in which it was supplied) within a maximum of 5 working days from their final day. If the contractor does not engage with DHSC, the agency will send daily reminders to the contractor and support DHSC to ensure the return of all DHSC IT equipment and property.

PERFORMANCE OF THE DELIVERABLES

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Key Staff	
Key Subcontractors	
None	

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:		Signature:	
Name:		Name:	
Role:		Role:	
Date:	6/10/21	Date:	07/10/21