

DPS Schedule 6 (Order Form Template and Order Schedules)

Order Form

ORDER REFERENCE: AGEMCSU/TRANS/23/1481

THE BUYER: NHS Arden & Greater East Midlands
Commissioning Support Unit

BUYER ADDRESS Cardinal Square, 10 Nottingham Road, Derby DE1
3QT

THE SUPPLIER: **The Knowledge Academy**

SUPPLIER ADDRESS: **Reflex, Cain Road, Bracknell, RG12 1HL**

REGISTRATION NUMBER: 215563820

DUNS NUMBER: 06865896

DPS SUPPLIER REGISTRATION SERVICE ID: **N/A**

APPLICABLE DPS CONTRACT

This Order Form is for the provision of the Deliverables and dated 8th March 2023.
It's issued under the DPS Contract with the reference number RM6219 DPS Contract
Reference number for the provision of Change Management Training.

DPS FILTER CATEGORY(IES):
Not applicable

ORDER INCORPORATED TERMS

The following documents are incorporated into this Order 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 including the Order Special Terms and Order Special Schedules.
2. Joint Schedule 1(Definitions and Interpretation) **RM6219**
3. DPS Special Terms
4. The following Schedules in equal order of precedence:
 - Joint Schedules for **RM6219**
 - Joint Schedule 4 (Commercially Sensitive Information)
 - Joint Schedule 6 (Key Subcontractors)
 - Joint Schedule 10 (Rectification Plan)
 - Joint Schedule 11 (Processing Data)
 - Order Schedules for **RM6219** Order reference number]
 - Order Schedule 1 (Transparency Reports)
 - Order Schedule 2 (Staff Transfer)
 - Order Schedule 3 (Continuous Improvement)
 - Order Schedule 5 (Pricing Details)
 - Order Schedule 7 (Key Supplier Staff)
 - Order Schedule 8 (Business Continuity and Disaster Recovery)
 - Order Schedule 20 (Order Specification)
5. CCS Core Terms (DPS version) v1.0.3
6. Joint Schedule 5 (Corporate Social Responsibility) **RM6219**
7. Order Schedule 4 (Order Tender) as long as any parts of the Order Tender that offer a better commercial position for the Buyer (as decided by the Buyer) take precedence over the documents above.

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

ORDER SPECIAL TERMS

The following Special Terms are incorporated into this Order Contract:

None

ORDER START DATE: 8th March 2023

ORDER EXPIRY DATE: 8th March 2024

ORDER INITIAL PERIOD: 12 months

DELIVERABLES

Option A: Change Management Training

DPS Ref: RM

Project Version: v1.0

Model Version: v1.3

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Change
management course

MAXIMUM LIABILITY

The limitation of liability for this Order Contract is stated in Clause 11.2 of the Core Terms.

The Estimated Year 1 Charges used to calculate liability in the first Contract Year is £37,350.00 Estimated Charges in the first 12 months of the Contract. The Buyer must always provide a figure here]

ORDER CHARGES

Option A: Charges for the Deliverables



REIMBURSABLE EXPENSES

None

PAYMENT METHOD

Payment made by BACS.

BUYER'S INVOICE ADDRESS:

NHS Arden and GEM CSU

ODE Payables M405

Shared Business Service

PO Box 312

LEEDS

LS11 1HP

Invoices: sbs.apinvoicing@nhs.net

BUYER'S AUTHORISED REPRESENTATIVE



Westgate House, Market Street, Warwick. CV34 4DE

BUYER'S ENVIRONMENTAL POLICY

<https://www.ardengemcsu.nhs.uk/>

BUYER'S SECURITY POLICY

<https://www.ardengemcsu.nhs.uk/>

SUPPLIER'S AUTHORISED REPRESENTATIVE



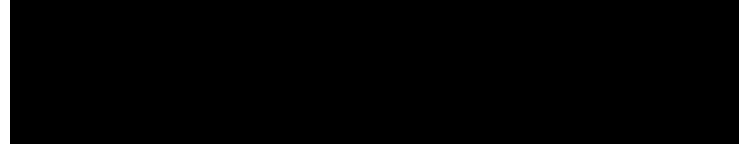
DPS Ref: RM

Project Version: v1.0

Model Version: v1.3



SUPPLIER'S CONTRACT MANAGER



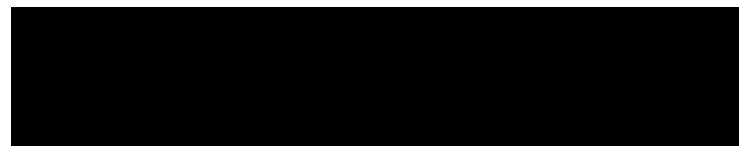
PROGRESS REPORT FREQUENCY

On the first Working Day of each calendar month

PROGRESS MEETING FREQUENCY

Monthly on the first Working Day of each quarter

KEY STAFF



KEY SUBCONTRACTOR(S)

None

E-AUCTIONS

Not applicable

COMMERCIALLY SENSITIVE INFORMATION

Not applicable

SERVICE CREDITS

Not applicable

ADDITIONAL INSURANCES

Not applicable

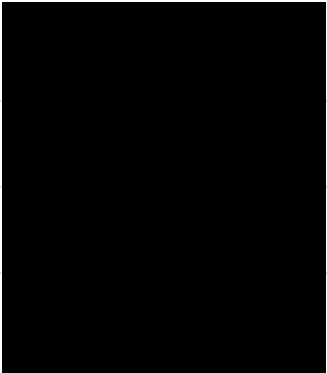
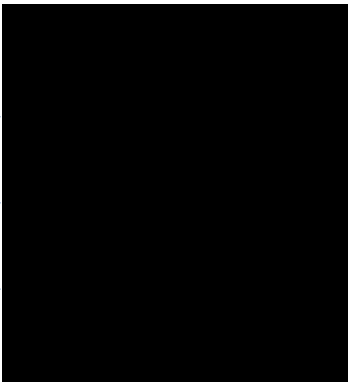
GUARANTEE

Not applicable

SOCIAL VALUE COMMITMENT

Not applicable

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