



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

Delivered by:

NHS Commercial Solutions
NHS East of England Collaborative Procurement Hub
NHS London Procurement Partnership
NHS North of England Commercial Procurement Collaborative
Crown Commercial Service

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	Secretary of State for Health and Social Care acting as part of
Name	the Crown
Contracting Authority	Redacted
Contact	under S. 40 of
	the FOIA
Contracting Authority	39 Victoria Street
Address	London
	SW1H 0EU
	- OW 111 02 0
Invesion Address	Redacted under S. 40 of the FOIA
Invoice Address	Troductor and of the Follow
(if different)	

Supplier Name	Robertson Bell Ltd	
Supplier Contact	Redacted under S 40 of	
Supplier Address	Euston House, 24 Eversholt Street, London NW1 1AD	

Framework Ref	RM6160: Non Clinical Temporary and Fixed Term Staff
Framework Lot	2
Call-Off (Order) Ref	
Order Date	05/10/2021
Call off Start Date	01/10/2021
Call-Off Expiry Date	31/12/2021
Extension Options	This is a contract extension. Duration of the role can be extended
GDPR Position	Independent Controller (default unless specified); or Controller to Processor; or Joint Controller

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Number of roles required:	1		
Number of CV's required:	N/A		
Job role / Title	Interim EO Payroll Officer		
Temporary or Fixed Term	Temporary		
Assignment			
Hours / Days required	5 days, Monday – Friday, 37 hours per week		
Unsocial hours required –			
give details			
HCAS details	1. None		
	2. Inner London		
	3. Outer London		
	4. Fringe		
Immunisation requirements?	N/A		
(Fee type 1 only)			

Pay band	7			
Fee Type	Patient Facing			
	2. Non-Patient Facing (Disclosure)			
	3.	Non-Patient Facing (No Disclosure)		
Expenses to be paid or	N/A			
benefits offered				
Expenses to be paid by				
Temporary Worker				
Charge rates		Redacted under S. 43 of		
		the FOIA		
Method of payment		•		
Discounts applicable	Redacted under S. 43 of the FOIA			

Criminal records check	Yes – as part of the original contract DBS Reference Number: Date of Issue: 11th February 2020
BPSS required	Yes – as part of the original contract
State required clearance and background checking	Original Contract had following checks performed:
Skills, mandatory training and qualifications necessary for the role	

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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

[Guidance: Insert details of your requirement here].

This may include:

- Any variation from the standard framework terms
- Specialist knowledge requirements
- Specific invoicing requirements
- Specific service level agreements (SLA)
- Specialist management information required.
- Any specific health and Safety risks relevant to the role

Or you could simply state the requirements to be delivered by the Supplier to the Contracting Authority in accordance with the Framework Specification during the specified Call-Off Period

For further details about what can and cannot be included here please email - info@crowncommercial.gov.uk

PERFORMANCE OF THE DELIVERABLES

Key Staff	
Redacted	
Key Subcontractors	
[Insert name of key sub-contractors if required]	

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:	Redacted under S. 40 of the FOIA	Signature:	Redacted under S. 40 of the FOIA
Name:		Name:	
Role:	Business Manager	Role:	Category Lead
Date:	05/10/2021	Date:	16 November 2021