Order Form

THE SUPPLY OF NON CLINICAL TEMPORARY AND FIXED TERM STAFF FRAMEWORK CONTRACT: RM6160

CLIENT NAME:	Secretary of State for Health and Social Care, acting as part of the Crown
CLIENT ADDRESS:	Department of Health & Social Care 39 Victoria Street London SW1H 0EU
INVOICE ADDRESS (if different)	
CONTACT REFERENCE	[redacted]
ORDER NUMBER	
SUPPLIER	MLC PARTNERS LTD
SUPPLIER'S ADDRESS	[redacted]
ACCOUNT MANAGER	[redacted]
PART 1: SERVICE REQUIREMENT	
PART 1.1: SERVICE AND DELIVERABLES REQUIRED: Temporary Worker Requirements:	
RM6160 LOT:	2
NUMBER OF ROLES REQUIRED:	1
JOB ROLE/TITLE:	Dissolution Category Lead, PPE
AGENDA FOR CHANGE PAY BAND:	N/A
HOURS/DAYS REQUIRED:	
ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL) **[OUTSIDE 8AM TO 6PM MON TO FRIDAY]**	
ARE THERE ANY HEALTH AND SAFETY RISKS RELEVANT TO ROLE?	
FEE TYPE:	1. Patient Facing 2. Non-Patient Facing (Disclosure) 3. Non-Patient Facing (No Disclosure)
IMMUNISATION REQUIREMENTS (FEE TYPE 1 ONLY)	N/A

CRIMINAL RECORDS CHECK	Completed
HIGH COST AREA SUPPLEMENT?	1. None
	2. London 3. London 4. Fringe
REGULATED OR CONTROLLED ACTIVITY (ISA)?	
SKILLS, MANDATORY & OTHER TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:	
PERSON AND DEPT TO WHOM WORK-SEEKER SHOULD REPORT AT START:	
EXPENSES TO BE PAID OR BENEFITS OFFERED TO CANDIDATE:	[redacted]
EXPENSES TO BE PAID BY CANDIDATE:	
ADDITIONAL REQUIREMENTS:	
PART 1.2: ANCIPATED DURATION OF CONTRACT	
COMMENCEMENT DATE:	*1st April 2023*
ANTICIPATED END DATE:	*31st March 2024*
NOTICE PERIOD:	[redacted]
PART 1.3: MILESTONES AND KEY DELIVERABLES & additional notes	
[redacted]	
PART 1.4: CHARGES PAYABLE BY CONTRACTING AUTHORITY (INCLUDING ANY APPLICABLE DISCOUNT AND METHOD OF PAYMENT E.G. GOVERNMENT PROCUREMENT CARD OR BACS):	
TOTAL CHARGE:	[redacted]
CANDIDATE NAME:	[redacted]
CANDIDATE EMAIL ADDRESS:	[redacted]

BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES to enter a legally binding contract with the Contracting Authority to provide to the Contracting Authority the Services specified in the Service Order Requirements set out in this Order Form [(together with where completed and applicable, the further-competition order (additional requirements)] incorporating the rights and obligations in the Call-Off Terms and Conditions set out in the Framework Contract between the Supplier and the Authority.

FOR AND ON BEHALF OF THE SUPPLIER:

NAME:	[redacted]
TITLE:	[redacted]
SIGNATURE:	[redacted]
DATE:	

FOR AND ON BEHALF OF THE CONTRACTING AUTHORITY:

NAME:	[redacted]
TITLE:	[redacted]
SIGNATURE:	[redacted]
DATE:	**13/3/23**