**Annex 1: Order Form**

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

**FROM:** *[GUIDANCE NOTE: To be populated by the Contracting Authority]*

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| **CONTRACTING AUTHORITY** | Department for Education |
| **CONTRACTING AUTHORITY ADDRESS** | DFESanctuary Buildings20 Great Smith StreetLondonSW1P 3BT |
| **INVOICE ADDRESS (if different)** |  |
| **CONTACT REFERENCE** | Authoriser Name: <REDACTED>  Tel: e-mail: <REDACTED>  |
| **ORDER NUMBER** | 1. *[GUIDANCE NOTE: To be quoted on all correspondence relating to this Order:]*
 |
| **ORDER DATE** |  |

**TO:** *[GUIDANCE NOTE: To be populated by the Contracting Authority]*

|  |  |
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| **SUPPLIER** | Allen Lane Ltd |
| **SUPPLIER’S ADDRESS** | 33 King StreetLondonSW1Y 6RJ |
| **ACCOUNT MANAGER**  | Name: <REDACTED> Address: <REDACTED> Tel: <REDACTED> E-mail: <REDACTED>  |
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| **PART 1: SERVICE REQUIREMENT** *[GUIDANCE NOTE: Contracting Bodies Service requirements to be inserted in below]* |
| **PART 1.1: SERVICE AND DELIVERABLES REQUIRED:** Temporary Worker Requirements: |
| **RM6160 LOT:** | 2 |
| **NUMBER OF ROLES REQUIRED:** | 1 |
| **NUMBER OF CVS REQUIRED:** | 1 |
| **Job Role/Title:** | Finance Systems & Change Services |
| **pay band:** | 10A |
| **Hours/Days Required:** | Standard / 5 days a week |
| **Any unsocial hours required? (give detail)[Outside 8am to 6pm Mon to Friday]** | n/a |
| **ARE THERE ANY HEALTH AND SAFETY RISKS RELEVANT TO ROLE?** | n/a  |
| **Fee Type:** | 1. Non-Patient Facing (Disclosure)
 |
| **IMMUNISATION REQUIREMENTS (FEE TYPE 1 ONLY)** | Not Applicable –  |
| **Criminal records check** | Not Applicable  |
| **bpss REQUIRED** | Yes |
| **State ANY ADDITIONAL clearance & background checking required** | N/A |
| **Regulated or Controlled Activity (ISA)?** | N/A |
| **Skills, MANDATORY AND OTHER Training and Qualifications necessary to performance of the role:** | Qualified accountantPrevious Chart of Accounts experience in Central GovernmentFinance systems change expertise |
| **Person and Dept to whom work-seeker should report at start:** | <REDACTED>  |
| **EXPENSES TO BE PAID OR BENEFITS OFFERED TO CANDIDATE:** | n/a |
| **EXPENSES TO BE PAID BY CANDIDATE:** | *n/a* |
| **aDDITIONAL REQUIREMENTS:** | *[GUIDANCE NOTE:* *Service Level Agreement etc.]* |
| **PART 1.2: ANCIPATED DURATION OF CONTRACT** |
| **Commencement Date:** | *1/10/21* |
| **Anticipated End Date:** | *31/12/21* |
| **Temporary or Fixed Term Assignment:** | *TEMPORARY* |
| **PART 1.3: MILESTONES AND KEY DELIVERABLES** |
| *[GUIDANCE NOTE:* *Insert details of milestones/key deliverables if relevant]* |
| **PART 1.4: Charges Payable by Contracting Authority (including any applicable discount and method of payment e.g. Government Procurement Card or BACS):** |
| *[GUIDANCE NOTE:**This should not be substantially or materially different from the Charges set out in Schedule 3 to the Framework Contract]* |
|  | **Pre-AWR** | **Post-AWR**<REDACTED>  |
| **Pay to Worker(s)** | £n/a | <REDACTED>  |
| **Total Charge** | £n/a | <REDACTED>  |
| **Payment profile will be ‘on completion of works’ as per paragraph 9.3 of schedule 2 of these call-off terms and conditions.** |
| **Discounts Applicable:** | *[GUIDANCE NOTE:* *Volume/Prompt Payment/Introducing Candidate]* |
| **PART 1.5: Acceptance prior to Payment** |
| *[GUIDANCE NOTE:**Completion of an assignment checklist by Service Provider]* |
| **PART 2: CONTRACTING AUTHORITY CONTRACTUAL REQUIREMENTS** |
| *[GUIDANCE NOTE:**Provide details of the duration of the Call Off Contract, the Call Off award procedure, details of any discounts agreed as part of a Service Level Agreement.* *Insert a statement of work to confirm the scope of the work under the Call Off Contract.**Provide details of any contractual obligations which differ than as set out in the Order Form and Call Off Terms, including any additional KPIs/service credits that may be required.* *Provide details if paragraph 7, schedule 1 and paragraph 17 of schedule 2 (Staff Transfer) will apply to this Call Off Contract]* *Include any supplemental requirements to the Call-Off Terms as stated in your statement of requirements under a further competition procedure bearing in mind that the Call-Off Terms issued by the Authority at the tender stage cannot be substantially amended.]”* |
| **PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS***[GUIDANCE NOTE:**This Part 3 must only be used if a further competition is being used to select the Service Provider. Completion of this section for direct ordering is in breach of the Public Contracts Regulation 2015]* |
| **PART 3.1: Supplemental Requirements in addition to Call-Off Terms and Conditions:** |  |
| **PART 3.2: Variations to Call-Off Terms and Conditions:** |  |
| **PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES** |
| **PART 4.1: Key Personnel of the Service Provider to be involved in the Services and Deliverables:** | <REDACTED>  |
| **PART 4.2: Sub-Contractors to be involved in the Services and Deliverables:** |  |
| **PART 5: CONFIDENTIAL INFORMATION** |
| **PART 5.1:** **The following information shall be deemed Commercially Sensitive Information or Confidential Information:** |  |

**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:**

|  |  |
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| **NAME:** | <REDACTED>  |
| **TITLE:** | Director |
| **SIGNATURE:** | <REDACTED>  |
| **DATE:** | 28/9/21 |

**For and on behalf of the CONTRACTING AUTHORITY:**

|  |  |
| --- | --- |
| **NAME:** | <REDACTED>  |
| **TITLE:** |   |
| **SIGNATURE:** | <REDACTED>  |
| **DATE:** |  |