

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

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	Secretary of state for health and social care acting as part of the crown (Department of Health and Social Care)
Contracting Authority Contact	
Contracting Authority Address	Skipton House, 80 London road
Invoice Address (if different)	

Supplier Name	Law Morgan Limited T/A Morgan Law
Supplier Contact	
Supplier Address	Pennine Place, 2a Charing Cross Road, London WC2H 0HF

Framework Ref	RM6160: Non-Clinical Temporary and Fixed Term Staff
Framework Lot	Lot 2 (Corporate Functions)
Call-Off (Order) Ref	
Order Date	
Call off Start Date	01/04/23
Call-Off Expiry Date	31/03/24
Extension Options	N/A
GDPR Position	Independent Controller
Number of roles required:	1

**Order Form Template (Short Form)**  
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<b>Number of CV's required:</b>	N/A
<b>Job role / Title</b>	Commercial Assurance Manager
<b>Temporary or Fixed Term Assignment</b>	Temporary
<b>Hours / Days required</b>	37 hours per week. M-F
<b>Unsocial hours required – give details</b>	None
<b>High cost area supplement details</b>	
<b>Immunisation requirements? (Fee type 1 only)</b>	None

<b>Pay band</b>	G7				
<b>Fee Type</b>	3. Non-Patient Facing (No Disclosure)				
<b>Expenses to be paid or benefits offered</b>	Expenses payable when signed off by the client				
<b>Expenses to be paid by Temporary Worker</b>	None				
<b>Charge rates</b>	<table> <tr> <td>Pre-AWR</td><td>Post-AWR</td></tr> <tr> <td></td><td></td></tr> </table>	Pre-AWR	Post-AWR		
Pre-AWR	Post-AWR				
<b>Method of payment</b>					
<b>Discounts applicable</b>	N/A				

<b>Criminal records check</b>	
<b>BPSS required</b>	
<b>State required clearance and background checking</b>	
<b>Skills, mandatory training and qualifications necessary for the role</b>	

## 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
<div style="background-color: black; height: 20px; width: 100%;"></div>

## PERFORMANCE OF THE DELIVERABLES

Key Staff
<div style="background-color: black; height: 20px; width: 100%;"></div>
Key Subcontractors
<div style="background-color: black; height: 20px; width: 100%;"></div>

For and on behalf of the Supplier:		For and on behalf of the Contracting Authority:	
Signature:	<div style="background-color: black; height: 80px; width: 100%;"></div>	Signature:	<div style="background-color: black; height: 80px; width: 100%;"></div>
Name:		Name:	
Role:		Role:	
Date:	17/03/23	Date:	21/3/23