



## HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

### PART 1 : CLIENT INFORMATION

<b>CUSTOMER</b>	<b>HEALTH AND SAFETY EXECUTIVE</b>
<b>SERVICE ADDRESS</b>	<b>Redgrave Court, Bootle, Liverpool L20 7HS</b>
<b>LINE MANAGER</b>	
<b>HSE CONTRACT REF NO.</b>	<b>1.11.4.3829.</b>

<b>CONTRACTOR</b>	<b>HAYS</b>
<b>SERVICE ADDRESS</b>	<b>8A FRIARSGATE, WHITE FRIARS GROSVENOR STREET CHESTER CH1 1XG</b>
<b>ACCOUNT MANAGER</b>	

## PART 2 : SERVICE REQUIREMENTS

<b>NAME OF INTERIM PERSONNEL</b>	
<b>FRAMEWORK DISCIPLINE AREA</b>	<b>OSD</b>
<b>JOB ROLE / TITLE</b>	<b>Data Administrator</b>
<b>JOB DESCRIPTION</b> (including details if part-time / full-time, hours of work, location)	 Data Administrator profile v1.0 LA.docx
<b>IR35 ASSESSMENT</b>	 IR35 - Result - PDF.pdf
<b>COMMENCEMENT DATE</b>	<b>05 January 2021</b>
<b>END DATE</b>	<b>31 March 2021</b> (total of 62 days)
<b>TERMINATION</b>	<b>A Termination Notice Period of one (1) weeks is applicable to this assignment, unless otherwise agreed in writing between both parties.</b>

## PART 3 : FEES / CHARGES

### i) DAILY CHARGE RATE APPLICABLE

<u>Date From</u>	<u>To</u>	<u>No Days</u>	<u>Candidate Daily Rate</u>	<u>Daily Agency Fee</u>	<u>Total Daily Fee</u>
05/01/2021	31/03/2021	62	£120	£43	£163
	<b>TOTAL</b>		<b>£7,440</b>	<b>£2,666</b>	<b>£10,106</b>

### ii) TRAVEL AND SUBSISTENCE

Where appropriate, HSE will pay actual and reasonable Travel and Subsistence costs to the contracted Interim Personnel, subject to the prior approval of their HSE Line Manager and in line with the following HSE Standard Travel and Subsistence rates.



Travel and  
Subsistence Rates.doc

## PART 4 : INVOICING & PAYMENTS

All invoices raised must include the relevant Purchase Order number. Failure to include the Purchase Order Number may delay payment. In all cases invoices should be submitted to the following address :

<b>INVOICING ADDRESS</b> (electronic only)	<a href="mailto:APinvoices-HAS-U@gov.sscl.com">APinvoices-HAS-U@gov.sscl.com</a>
<b>PURCHASE ORDER NO.</b> (to be quoted on all invoices)	<b>To be advised</b>

**PART 5 : SIGNATORIES**

By signing and returning this Order Form the Contractor agrees to enter into a legally binding contract with HSE to provide the services under the terms of the Form of Agreement and specified in the Order Form.

**IN WITNESS WHEREOF THIS CONTRACT HAS BEEN AGREED:**

Signature .....

Name in Capitals .....

Position .....

Date 31.12.20 .....

Duly authorised to sign on behalf of

**HAYS**

8A Friarsgate, White Friars, Grosvenor street, Chester, CH1 1XG

Signature .....

Name in Capitals .....

Position .....

Date 04 January 2021 .....

Duly authorised to sign on behalf of the

**HEALTH AND SAFETY EXECUTIVE**

2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS