**DPS Schedule 6 (Order Form Template and Order Schedules)**

**Order Form**

ORDER REFERENCE: **25494 OCCUPATIONAL HEALTH PROVIDER SURVEY**

THE BUYER: Department for Work and Pensions (DWP)

BUYER ADDRESS Caxton House, Tothill Street, London, SW1H 9DA

THE SUPPLIER: IFF Research

SUPPLIER ADDRESS:St Magnus House, 3 Lower Thames Street,

London, EC3R 6HD

REGISTRATION NUMBER:REDACTED

DUNS NUMBER: REDACTED

DPS SUPPLIER REGISTRATION SERVICE ID:REDACTED

This Order Form is for the provision of the Call-Off Deliverables and dated 13/04/2023

It is issued under the Framework Contract with the reference number RM6126 for the provision of Occupational Health Financial Incentive and Market Navigation Support

**ORDER INCORPORATED TERMS**

The following documents are incorporated into this Order Contract. Where numbers are missing we are not using those schedules. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Order Special Terms and Order Special Schedules.
2. Joint Schedule 1(Definitions and Interpretation)
3. DPS Special Terms
4. The following Schedules in equal order of precedence:

* Joint Schedules: -
  + Joint Schedule 1 (Definitions)
  + Joint Schedule 2 (Variation Form)
  + Joint Schedule 3 (Insurance Requirements)
  + Joint Schedule 4 (Commercially Sensitive Information)
  + Joint Schedule 5 (Corporate Social Responsibility)
  + Joint Schedule 6 (Key Subcontractors)
  + Joint Schedule 7 (Financial Difficulties)
  + Joint Schedule 8 (Guarantee)
  + Joint Schedule 10 (Rectification Plan)
  + Joint Schedule 11 (Processing Data)
  + Joint Schedule 12 (Supply Chain Visibility)
* Order Schedules: -
  + Order Schedule 1 (Transparency Reports)
  + Order Schedule 2 (Staff Transfer) Part C
  + Order Schedule 3 (Continuous Improvement)
  + Order Schedule 5 (Pricing Details)
  + Order Schedule 7 (Key Supplier Staff)
  + Order Schedule 8 (Business Continuity and Disaster Recovery)
  + Order Schedule 9 (Security)
  + Order Schedule 10 (Exit Management)
  + Order Schedule 14 (Service Levels)
  + Order Schedule 15 (Order Contract Management)
  + Order Schedule 20 (Order Specification)

1. CCS Core Terms (DPS version) v1.0.3
2. Joint Schedule 5 (Corporate Social Responsibility)
3. Order Schedule 4 (Order Tender) as long as any parts of the Order Tender that offer a better commercial position for the Buyer (as decided by the Buyer) take precedence over the documents above.

No other Supplier terms are part of the Order Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

ORDER SPECIAL TERMS

The following Special Terms are incorporated into this Order Contract:

None

ORDER START DATE: 13/04/2023

ORDER EXPIRY DATE: 05/02/2024

ORDER INITIAL PERIOD: 7 months

with option to extend up to a

further 3 months

DELIVERABLES

See details in Order Schedule 20 (Order Specification)

MAXIMUM LIABILITY

The limitation of liability for this Order Contract is stated in Clause 11.2 of the Core Terms.

ORDER CHARGES

See details in Order Schedule 5 (Pricing Details)

The Charges can only be changed by agreement in writing between the Buyer and the Supplier.

REIMBURSABLE EXPENSES

None

PAYMENT METHOD

Electronic invoice containing purchase order number

Invoice intervals to be agreed with DWP Contract Manager (contact details to be provided)

BUYER’S INVOICE ADDRESS:

Invoices must contain the purchase order number and submitted to SSCL by email to REDACTED Copy invoice to DWP Contract Manager (contact details to be supplied)

BUYER’S AUTHORISED REPRESENTATIVE

REDACTED

SUPPLIER’S AUTHORISED REPRESENTATIVE

REDACTED

SUPPLIER’S CONTRACT MANAGER

REDACTED

PROGRESS REPORT FREQUENCY

TBC

PROGRESS MEETING FREQUENCY

TBC

KEY STAFF

REDACTED

KEY SUBCONTRACTOR(S)

COMMERCIALLY SENSITIVE INFORMATION

REDACTED

SERVICE CREDITS

Not applicable

ADDITIONAL INSURANCES

Not applicable

GUARANTEE

Not applicable

|  |  |  |  |
| --- | --- | --- | --- |
| **For and on behalf of the Supplier:** | | **For and on behalf of the Buyer:** | |
| Signature: | REDACTED |  | REDACTED |
| Name: |  |  |  |
| Role: |  |  |  |
| Date: |  |  |  |