

# HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

## PART 1: CLIENT INFORMATION

HEALTH AND SAFETY EXECUTIVE CUSTOMER	
SERVICE ADDRESS	Redgrave Court, Bootle, Liverpool L20 7HS
LINE MANAGER	
HSE CONTRACT REF NO.	1.11.4.3660

CONTRACTOR	People Source
SERVICE ADDRESS	1 Georges Square, Redcliffe, Bristol BS1 6BA
ACCOUNT MANAGER	

## PART 2: SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	

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FRAMEWORK DISCIPLINE AREA	OSD
JOB ROLE / TITLE	PM
OOD ROLL / III LL	
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	PM_JD Jan 20.docx
DELIVERABLES	
	<ul> <li>Managing projects end-end in accordance with our HSE Change framework to deliver projects to time, cost and quality measured by agreed success criteria.</li> <li>Regular and impactful reporting to all relevant stakeholders.</li> <li>Ensure clarity of scope with an effective management of change control throughout.</li> <li>Ensuring all project resources have been defined and secured.</li> <li>Effective identification and management of project risks, issues and dependencies.</li> <li>Proportionate project documentation produced to a high quality that is timely, aligned to governance gateways with all gateway assets are in place.</li> <li>Monitoring and controlling budgets.</li> <li>Business readiness is effective in order to receive the changes.</li> <li>Post implementation and embedding activities identify learning for use in subsequent projects; learning can be demonstrated in subsequent project delivery.</li> </ul>
IR35 ASSESSMENT	
	IR35.pdf
COMMENECEMENT DATE	26/06/2020
END DATE	24/12/2020

PART 3: FEES/CHARGES

## i) DAILY CHARGE RATE APPLICABLE

Pay Rate	WTD	Premium	NI	Pension	Apprentice Levy	Contractor Fee	Total Charge
						£550 X 129	£70,950

## 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 follwing HSE Standard Travel and Subsistence rates.



## PART 4: INVOICING & PAYMENTS

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

INVOICING ADDRESS (electronic only)	APinvoices-HAS-U@gov.sscl.com		

## 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	
Duly authorised to sig	gn on behalf of
PEOPLE SOURCE 1 Georges Square, Red	dcliffe, Bristol BS1 6BA
Signature	
Name in Capitals	
Position	
to sig	gn on behalf of the

## **HEALTH AND SAFETY EXECUTIVE**

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