




## HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM

### PART 1 : CLIENT INFORMATION

<b>HEALTH AND SAFETY EXECUTIVE CUSTOMER</b>	Health & Safety Executive
<b>SERVICE ADDRESS</b>	Redgrave Court, Bootle, Liverpool L20 7HS
<b>LINE MANAGER</b>	(timesheet authorisation, as above unless stated otherwise)
<b>HSE CONTRACT REF NO.</b>	1.11.4.3760

<b>CONTRACTOR</b>	Lorien C/O of SRG Group
<b>SERVICE ADDRESS</b>	Lowry House 17 Marble Street Manchester M2 3AW
<b>ACCOUNT MANAGER</b>	

### PART 2 : SERVICE REQUIREMENTS

<b>NAME OF INTERIM PERSONNEL</b>	
<b>FRAMEWORK DISCIPLINE AREA</b>	<b>Building Safety Regulator (BSR)</b>
<b>JOB ROLE / TITLE</b>	<b>Change &amp; Business Improvement Analyst</b>
<b>JOB DESCRIPTION</b> (including details if part-time / full-time, hours of work, location)	 Job%20Description %20Change%20&%:
<b>IR35 ASSESSMENT</b>	 IR35.pdf
<b>COMMENCEMENT DATE</b>	<b>23 November 2020</b>
<b>END DATE</b>	<b>31 March 2021</b>
<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>
<b>23/11/2020</b>	<b>31/03/2021</b>	<b>90</b>	<b>£500</b>	<b>£50</b>	<b>£550</b>
<b>Totals</b>			<b>£45,000</b>	<b>£4500</b>	<b>£49,500</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

**Contract 1.11.4.3760**

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 Confirmed</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 20/11/2020 .....

Duly authorised to sign on behalf of  
**LORIEN C/O SRG GROUP**  
Lowry House, 17 Marble Street, Manchester, M2 3AW

Signature .....

Name in Capitals .....

Position .....

Date 20/11/2020 .....

Duly authorised to sign on behalf of the  
**HEALTH AND SAFETY EXECUTIVE**  
2.3 Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS