



## **HSE FLEXIBLE WORKFORCE SOLUTIONS FRAMEWORK ORDER FORM**

### **PART 1 : CLIENT INFORMATION**

<b>HEALTH AND SAFETY EXECUTIVE CUSTOMER</b>	
<b>SERVICE ADDRESS</b>	<b>Redgrave Court, Bootle, Liverpool L20 7HS</b>
<b>LINE MANAGER</b>	<b>(timesheet authorisation, as above unless stated otherwise)</b>
<b>HSE CONTRACT REF NO.</b>	<b>T3677</b>

<b>CONTRACTOR</b>	<b>SRG Talent</b>
<b>SERVICE ADDRESS</b>	<b>5<sup>th</sup> Floor Quay West Trafford Wharf Road Manchester M17 1HH</b>
<b>ACCOUNT MANAGER</b>	<b>Tel:</b>  <b>Email:</b>

## PART 2 : SERVICE REQUIREMENTS

<b>NAME OF INTERIM PERSONNEL</b>	
<b>FRAMEWORK DISCIPLINE AREA</b>	<b>Inspection</b>
<b>JOB ROLE / TITLE</b>	<b>Covid Spot Check</b>
<b>JOB DESCRIPTION</b> (including details if part-time / full-time, hours of work, location)	Undertaking proactive compliance spot checks in relation to business compliance with COVID 19 requirements to provide reassurance that employers are implementing appropriate arrangements to protect employees and members of the public (where appropriate).
<b>IR35 ASSESSMENT</b>	<b>Inside IR35</b>
<b>COMMENCEMENT DATE</b>	<b>03 August 2020</b>
<b>END DATE</b>	<b>31 March 2021</b> – A maximum of 170 days <sup>1</sup> , unless otherwise agreed in writing between both parties.
<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>

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<sup>1</sup> Please note: Maximum No. of Days will be dependent on the individuals working pattern

## PART 3 : FEES / CHARGES

### i) DAILY CHARGE RATE APPLICABLE

Pay Rate	WTD	Premium	Contractor Fee	Agency fees per day Cost	Total day rate	Total Charge
			£192.22	£64.13	£256.35	£43,579.50 <sup>2</sup> for 170 days

### 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>TBC</b>

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<sup>2</sup> Please Note: Rates of pay will be Pro Rata dependent on hours worked.

## 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 sign on behalf of

#### **SRG Talent**

5th Floor, Quay West, Trafford Wharf Road, Manchester, M17 1HH

Signature .....

Name in Capitals .....

Position .....

Date .....

Duly authorised to sign on behalf of the

#### **HEALTH AND SAFETY EXECUTIVE**

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