

 APPENDIX C

RECITAL FORM

**PLEASE COMPLETE DETAILS IN RED AND DELETE THE BRACKETS**

**NORSECARE LTD**

**- and –**

**[Insert your company name]**

**FORM OF AGREEMENT**

**relating to**

**1-2-1 cARE PROVIDER FRAMEWORK**

**REF: NCITT014**

RECITAL:

THIS AGREEMENT is made the [insert number] day of [insert month] 20[ ]

BETWEEN

**NorseCare Ltd** (“**Authority**”) of Lancaster House, 16 Central Avenue, St Andrews Business Park, Norwich, NR7 0HR

and

**[Insert your company name and number if applicable]**  (“**Provider**”) of [Insert your address]

together referred to as “Parties”

IT IS AGREED THAT:

1. This Form of Agreement with the following attached documents will together form the Framework documents:

Framework Terms and Conditions and attendant schedules

1. This Framework Agreement sets out the award and ordering procedure for services which may be required by NorseCare Ltd, the main terms and conditions for any Call-Off order which NorseCare may conclude, and the obligations of the Provider during and after the term of this Framework Agreement.

3. This Framework shall commence on 1st **October 2019** and shall continue until **1st October 2024** unless terminated or extended in accordance with the provisions of this Framework. The initial Framework period will be for 60 months and at the Authorities discretion an additional 60 months may be let in periods of up to 24 months.

4. The Provider shall provide the Services in accordance with the provisions of the Framework and to the satisfaction of the Authority and the Authority shall make to the Provider the payments provided by the Framework for Services provided in accordance with the Framework.

5. It is the Parties' intention that there will be no obligation for any Contracting Body to award any orders under this Framework Agreement during its Term.

**IN WITNESS** of which this Agreement has been duly executed by the Parties on the date set out at the beginning.

**SIGNED ON BEHALF OF**

**[Insert your name and Job Title/Position ] by**

……………………………………… ……………………………………………… ……………………………………..

Authorised Signatory Name (Please Print) Job Title/Position

……………………………………… ……………………………………………… ……………………………………..

Authorised Signatory Name (Please Print) Job Title/Position

**SIGNED ON BEHALF OF**

**NorseCare Ltd by**

……………………………………… ……………………………………………… ……………………………………..

Authorised Signatory Name: SIMON BULLIMORE Procurement & Contracts Manager

……………………………………… ……………………………………………… ……………………………………..

Authorised Signatory Name (Please Print) Job Title/Position