

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	
	Tel: Email:
	(timesheet authorisation, as above unless stated otherwise)
HSE CONTRACT REF NO.	1.11.4.3565.

CONTRACTOR	Hays IT
SERVICE ADDRESS	5th Floor City Tower Manchester M1 4BT
ACCOUNT MANAGER	
	Tel:
	Email

PART 2: SERVICE REQUIREMENTS

NAME OF INTERIM PERSONNEL	
FRAMEWORK DISCIPLINE AREA	OSD
JOB ROLE / TITLE	Business Analyst
JOB DESCRIPTION (including details if part-time / full-time, hours of work, location)	BA%20Job%20Descr iption%20T3565.doc
DELIVERABLES	The Business Analysts plays a key role in designing, building and implementing our strategic priorities, focusing on efficiencies, effectiveness, designing new services and regulatory regimes, and improving productivity and the customer experience. The Business Analyst is responsible, at a project level, for baselining current activities, the articulation of business and customer requirements, the design of future state target operating models and providing implementation and continuous improvement support to the operation.
IR35 ASSESSMENT	J IR35 result.pdf
COMMENECEMENT DATE	10/02/2020
END DATE	31/03/2020
TERMINATION	A Termination Notice Period of one (1) weeks is applicable to this assignment, unless otherwise agreed in writing between both parties. 6m with potential breakpoint on 31st March (based on 1 week notice period) depending on continuation of EU exit budget post day 1

PART 3: FEES / CHARGES

i) DAILY CHARGE RATE APPLICABLE

Pay Rate	WTD	Premium	NI	Pension	Apprentice Levy	Contractor Fee	Total Charge
			411	ii .	2	£25000 £551 per day	

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			
PURCHASE ORDER NO. (to be quoted on all invoices)				
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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:

0			
Signature			4
Name in Capitals			1 = 1
Position			
Date		9 = 3	
Duly authorised to s	ign on behalf of		
HAYS IT 5th Floor, City Towe	r, Manchester M1 4BT		
¥			
Signature			
Name in Canitals			6

Duly authorised to sign on behalf of the

Position

Date

HEALTH AND SAFETY EXECUTIVE

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