**RM6160: Non Clinical Temporary and Fixed Term Staff**

**(Short Form)**

**Order Form**

This Order Form is for the provision of the Call-Off Deliverables. It is issued under the [Framework Contract RM6160](https://www.crowncommercial.gov.uk/agreements/RM6160): Non Clinical Temporary and Fixed Term Staff.

|  |  |
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| **Contracting Authority Name** | Ambulance Radio Programme contracting on behalf of the Department of Health and Social Care |
| **Contracting Authority Contact** | xxxxxxxxxxxxxxxxxxxxxxx |
| **Contracting Authority Address** | Department of Health and Social Care  xxxxxxxxxxxxx  xxxxxxxxxxxx  xxxxxxxxx |
| **Invoice Address**  **(if different)** | ACCOUNTS PAYABLE  Department of Health  xxxxxxxxxxxxxxxxxxx  xxxxxxxxxxxxxxxxxxxxxx  xxxxxxxxxxxxxxxxxxxx |

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| **Supplier Name** | Red Snapper |
| **Supplier Contact** | xxxxxxxxxxxxxxxxxxx |
| **Supplier Address** | xxxxxxxxxxxx  xxxxxxxxxxx  xxxxxxxxx |

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| **Framework Ref** | RM6160: Non Clinical Temporary and Fixed Term Staff |
| **Framework Lot** | Lot 3 |
| **Order reference number (e.g. purchase order number)** | TBC |
| **Date order placed** | 27/05/2022 |
| **Call off Start Date** | 06/06/2022 |
| **Call-Off** **Expiry Date** | 05/06/2023 |
| **Extension Options** | N/A |
| **GDPR Position** | N/A |
| **Job role / Title** | Network Consultant |
| **Temporary or Fixed Term Assignment** | Temporary |
| **Hours / Days required** | 37.5 hours per week (Mon-Fri), up to a maximum of 220 days |
| **Unsocial hours required – give details** | N/A |
| [**High cost area suppl****ement**](https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-8-high-cost-area-payment-zones) **details**  **(NHS only)** | None |
| **Immunisation requirements? (Fee type 1 only)** | N/A |

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| **Pay band (use rate card to determine this)** | 8B | |
| **Fee Type** | Non-Patient Facing (No Disclosure required) | |
| **Expenses to be paid or benefits offered** | Expenses for any travel or subsistence outside London to be covered at Agenda for Change rates and only with agreement from line manager in advance. | |
| **Expenses to be paid by Temporary Worker** | N/A | |
| **Charge rates** | Pre-AWR | Post-AWR |
| £xxxx (Day) Pay to worker | £xxx (Day) Pay to worker |
| £xxx + VAT (Day) Total Charge | £xxx + VAT (Day) Total Charge |
| **Method of payment** | Payment by BACS on receipt of compliant invoice  Please send all invoices to xxxxxxxxxxxxxx referencing the PO number | |
| **Discounts applicable** | N/A | |

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| **Criminal records check required** | N/A |
| **BPSS required** | N/A |
| **State any other required clearance and/or background checking** | N/A |
| **State any skills, mandatory training and qualifications necessary for the role** | N/A |

**CALL-OFF INCORPORATED TERMS**

The Call-Off Contract, Core Terms and Joint Schedules’ for this Framework Contract are available on the CCS website. Visit the [Non Clinical Temporary and Fixed Term Staff](https://www.crowncommercial.gov.uk/agreements/RM6160) web page and click the ‘Documents’ tab to view and download these.

**CALL-OFF DELIVERABLES**

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| **The requirement** |
| To provide the candidate (xxxxxxxxxx) to complete the Interim Network Consultant position for 12 months (maximum 220 days) |

**PERFORMANCE OF THE DELIVERABLES**

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| **Key Staff** |
| xxxxxxxxxxxx, candidate  xxxxxxxxxxxxxx, recruiter (Red Snapper) |
| **Key Subcontractors** |
| N/A |

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| **For and on behalf of the Supplier:** | | **For and on behalf of the Contracting Authority:** | |
| Signature: |  | Signature: |  |
| Name: | xxxxxxxxxxxx | Name: | xxxxxxxxxxxx |
| Role: | xxxxxxxxxxxxxx | Role: | xxxxxxxxxxxxxx |
| Date: | xxxxxxxxxx | Date: |  |