**RM3711 MULTIDISCIPLINARY TEMPORARY HEALTHCARE PERSONNEL**

**FRAMEWORK SCHEDULE 4**

**ORDER FORM AND CALL OFF TERMS**

PART 1 – ORDER FORM

***When signed, this Order Form becomes a legally binding contract incorporating the terms and conditions of the Call-Off Contract.***

1. ORDER FORM

**MULTIDISCIPLINARY FRAMEWORK AGREEMENT: RM3711**

**FROM:** *[GUIDANCE NOTE: To be populated by the Contracting Authority]*

|  |  |
| --- | --- |
| **CONTRACTING AUTHORITY** | *[To be populated by the Contracting Authority]* |
| **SERVICE ADDRESS** | *[To be populated by the Contracting Authority]* |
| **INVOICE ADDRESS(if different)** | *[To be populated by the Contracting Authority]* |
| **CONTACT REFERENCE** | Authoriser Name: *[To be populated by the Contracting Authority]* Tel: *[To be populated by the Contracting Authority]*e-mail: *[To be populated by the Contracting Authority]* |
| **ORDER NUMBER** | *[GUIDANCE NOTE: To be quoted on all correspondence relating to this Order:]* |
| **ORDER DATE** | mm/dd/yy |

**TO:** *[GUIDANCE NOTE: To be populated by the Contracting Authority]*

|  |  |
| --- | --- |
| **SERVICE PROVIDER** | *[To be populated by the Contracting Authority]* |
| **SERVICE PROVIDER’S ADDRESS** | *[To be populated by the Contracting Authority]* |
| **ACCOUNT MANAGER**  | Name: *[To be populated by the Contracting Authority]*Address: *[To be populated by the Contracting Authority]*Tel: *[To be populated by the Contracting Authority]*E-mail: *[To be populated by the Contracting Authority]* |

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| **PART 1: SERVICE REQUIREMENT**  |
| **PART 1.1: SERVICE AND DELIVERABLES REQUIRED:** Temporary Worker Requirements: |
| **NUMBER OF ROLES REQUIRED:** | As called off during the Contract Term. |
| **type of services required** | Doctors [ ] Nursing/Social Care [ ] AHP/HSS/ES [ ]  |
| **aDDITIONAL REQUIREMENTS:** | As required by the Contracting Authority. |
| **PART 1.2: ANCIPATED DURATION OF CONTRACT** | Service Levels are as specified in the framework. |
| **Commencement Date:** |
| **Anticipated End Date:** |  |
| **PART 1.3: MILESTONES AND KEY DELIVERABLES** |  |
|  |
| **PART 1.4: Charges Payable by Contracting Authority (including any applicable discount and method of payment e.g. Government Procurement Card or BACS):** |
| Embed into Document:-Rate CardTransfer FeesVBL DiscountsService CreditsAgreed Payment terms/payment profileExit ManagementDispute Resolution |
|  |
| **PART 1.5: Acceptance prior to Payment** |  |
| Booking Form to be in specified format to customer requirements signed and authorised by Supplier. |
| **PART 2: CONTRACTING AUTHORITY CONTRACTUAL REQUIREMENTS** |
| *[GUIDANCE NOTE:**Insert a statement of work to confirm the scope of the work under the Call Off Contract.**Provide details of any contractual obligations which differ than as set out in the Order Form and Call Off Terms. For instance, revisions to the Service Levels and Service Credits table as set out in Call Off Schedule 6.]* |
| **PART 3: ADDITIONAL REQUIREMENTS** |
| This means any additional requirements in the Call Off Schedule 1-14

|  |  |  |
| --- | --- | --- |
| Schedule 1 | Definitions |  |
| Schedule 2 | Refers to Specification |  |
| Schedule 3 | Call off Contract Charges, Payment and invoicing | 6.2.1 *specify the unique order reference*6.5 *Specify where Supplier should submit invoices to*Annex 1 *ensure payment charge rates have been embedded.*Annex 2 *Ensure agreed payment terms have been embedded.* |
| Schedule 4 | Refers to Implementation Plan | *Not always relevant* |
| Schedule 5 | Refers to Testing | *Usually linked to procuring complex services*Annex1 S*atisfaction Certificate connected to Milestones and Testing* |
| Schedule 6 | Refers to Service Levels, Service Credits and Performance Monitoring | Annex 1 *Embed appropriate Service Levels appropriate to you*Annex 2 *If appropriate to you**Annex 1 B Additional performance requirements if you have anything else to add.* |
| Schedule 7 | Refers to additional Standards | *Optional*  |
| Schedule 8 | Refers to Security | *You can add your own Security Policy if required* |
| Schedule 9 | Refers to BCDR plan | *Optional* |
| Schedule 10 | Refers to Exit Management | *Optional ensure it is embedded* |
| Schedule 11 | Refers to transfer of Staff | *If applicable* |
| Schedule 12 | Refers to Dispute Resolution Procedure | *Embed details of Procedure* |
| Schedule 13 | Refers to Variation Form | *Not relevant* |
| Schedule 14 | Refers to Additional Clauses | *4.5 is relevant to NHS Trusts* |
| Schedule 15 | Refers to Ministry Defence Contracts | *Not relevant.* |

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| **PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES** |  |
| **PART 4.1: Key Personnel of the Service Provider to be involved in the Services and Deliverables:** |
| **PART 4.2: Sub-Contractors to be involved in the Services and Deliverables:** | *Insert if required* |
| **PART 5: CONFIDENTIAL INFORMATION** |  |
| **PART 5.1:** **The following information shall be deemed Commercially Sensitive Information or Confidential Information:** |
|  |  |

**BY SIGNING AND RETURNING THIS ORDER FORM THE SERVICE PROVIDER AGREES** to enter a legally binding contract with the Contracting Authority Contracting Authority to provide to the Contracting Authority the Services specified in the Service Order Requirements set out in this Order Form [(together with where completed and applicable, the further-competition order (additional requirements)] incorporating the rights and obligations in the Call-Off Terms and Conditions set out in the Framework Agreement between the Service Provider and the Authority .

**For and on behalf of the Service Provider:**

|  |  |
| --- | --- |
| **NAME:** |  |
| **TITLE:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |

**For and on behalf of the Contracting Authority:**

|  |  |
| --- | --- |
| **NAME:** |  |
| **TITLE:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |