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

**(Short Form)**

**For help with completing this Order Form please refer to the Short Order Form FAQ’s** [**here**](https://assets.crowncommercial.gov.uk/wp-content/uploads/RM6160-Short-Order-Form-FAQ-v2.pdf)

**Guidance:**

This Order Form, when completed and signed by both you (the Contracting Authority) and the Supplier, forms a Call-Off Contract from CCS framework RM6160, Non Clinical Temporary and Fixed Term Staff. Signing the Order Form ensures that both parties are able to compliantly use the terms and conditions agreed from the procurement exercise.

You can complete and execute a Call-Off contract by using an equivalent document or electronic purchase order system. If an electronic purchasing system is used, the text below must be copied into the electronic order form.

**Order Form Template**

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.

|  |  |
| --- | --- |
| **Contracting Authority Name** |  |
| **Contracting Authority Contact** |  |
| **Contracting Authority Address** |  |
| **Invoice Address** **(if different)** |  |

|  |  |
| --- | --- |
| **Supplier Name** |  |
| **Supplier Contact** |  |
| **Supplier Address** |  |

|  |  |
| --- | --- |
| **Framework Ref** | RM6160: Non Clinical Temporary and Fixed Term Staff |
| **Framework Lot** |  |
| **Call-Off (Order) Ref** |  |
| **Order Date** |  |
| **Call off Start Date** |  |
| **Call-Off** **Expiry Date** |  |
| **Extension Options** |  |
| **GDPR Position** | Independent Controller (default unless specified); or Controller to Processor; orJoint Controller |
| **Number of roles required:** |  |
| **Number of CV’s required:** |  |
| **Job role / Title** |  |
| **Temporary or Fixed Term Assignment** | [GUIDANCE NOTE: Fixed term on Contracting Authority’s Payroll] |
| **Hours / Days required** |  |
| **Unsocial hours required – give details** |  |
| [**High cost area supplement**](https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-8-high-cost-area-payment-zones) **details** | 1. None2. Inner London3. Outer London4. Fringe |
| **Immunisation requirements? (Fee type 1 only)** |  |

|  |  |
| --- | --- |
| **Pay band** |  |
| **Fee Type** | 1. Patient Facing2. Non-Patient Facing (Disclosure)3. Non-Patient Facing (No Disclosure) |
| **Expenses to be paid or benefits offered** |  |
| **Expenses to be paid by Temporary Worker** |  |
| **Charge rates** | Pre-AWR | Post-AWR |
| £ (Hour/Day) | £ (Hour/Day) |
| £ (Hour/Day) | £ (Hour/Day) |
| **Method of payment** |  |
| **Discounts applicable** |  |

|  |  |
| --- | --- |
| **Criminal records check** | Yes / No / Not Applicable – Disclosure Type & Number, Date Issued: DD/MM/YYIf the DBS update service has been used, date of last check: DD/MM/YY |
| **BPSS required** | Yes / No / Not Applicable |
| **State required clearance and background checking** |  |
| **Skills, mandatory training and qualifications necessary for the role** |  |

**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**

|  |
| --- |
| **The requirement** |
| **[Guidance: Insert details of your requirement here].** This may include:* Any variation from the standard framework terms
* Specialist knowledge requirements
* Specific invoicing requirements
* Specific service level agreements (SLA)
* Specialist management information required.
* Any specific health and Safety risks relevant to the role

Or you could simply state the requirements to be delivered by the Supplier to the Contracting Authority in accordance with the [Framework Specification](https://assets.crowncommercial.gov.uk/wp-content/uploads/RM6160-Framework-Specification-v1.0.pdf) during the specified Call-Off Period For further details about what can and cannot be included here please email - info@crowncommercial.gov.uk |

**PERFORMANCE OF THE DELIVERABLES**

|  |
| --- |
| **Key Staff** |
| [Insert contact details of key supplier staff such as Account Manager] |
| **Key Subcontractors** |
| [Insert name of key sub-contractors if required] |

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