**Annex 1: Order Form**

**THE SUPPLY OF NON CLINICAL TEMPORARY AND FIXED TERM STAFF FRAMEWORK CONTRACT: RM6160**

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

|  |  |
| --- | --- |
| **CONTRACTING AUTHORITY** |  |
| **CONTRACTING AUTHORITY ADDRESS** |  |
| **INVOICE ADDRESS (if different)** |  |
| **CONTACT REFERENCE** | Authoriser Name:  Tel: e-mail: |
| **ORDER NUMBER** | 1. *[GUIDANCE NOTE: To be quoted on all correspondence relating to this Order:]*
 |
| **ORDER DATE** |  |

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

|  |  |
| --- | --- |
| **SUPPLIER** |  |
| **SUPPLIER’S ADDRESS** |  |
| **ACCOUNT MANAGER**  | Name:Address:Tel: E-mail: |

|  |
| --- |
| **PART 1: SERVICE REQUIREMENT** *[GUIDANCE NOTE: Contracting Bodies Service requirements to be inserted in below]* |
| **PART 1.1: SERVICE AND DELIVERABLES REQUIRED:** Temporary Worker Requirements: |
| **RM6160 LOT:** |  |
| **NUMBER OF ROLES REQUIRED:** |  |
| **NUMBER OF CVS REQUIRED:** |  |
| **Job Role/Title:** |  |
| **pay band:** |  |
| **Hours/Days Required:** |  |
| **Any unsocial hours required? (give detail)[Outside 8am to 6pm Mon to Friday]** |  |
| **ARE THERE ANY HEALTH AND SAFETY RISKS RELEVANT TO ROLE?** |  |
| **Fee Type:** | 1. Patient Facing
2. Non-Patient Facing (Disclosure)
3. Non-Patient Facing (No Disclosure)
 |
| **IMMUNISATION REQUIREMENTS (FEE TYPE 1 ONLY)** | Yes / No / Not Applicable –  |
| **Criminal records check** | Yes / No / Not Applicable – Disclosure Type & Number, Date Issued\_\_\_\_\_\_\_ If the DBS update service has been used, date of last check: \_\_\_\_\_\_\_\_ |
| **bpss REQUIRED** | Yes / No / Not Applicable –  |
| **State ANY ADDITIONAL clearance & background checking required** |  |
| **Regulated or Controlled Activity (ISA)?** |  |
| **Skills, MANDATORY AND OTHER Training and Qualifications necessary to performance of the role:** |  |
| **Person and Dept to whom work-seeker should report at start:** |  |
| **EXPENSES TO BE PAID OR BENEFITS OFFERED TO CANDIDATE:** |  |
| **EXPENSES TO BE PAID BY CANDIDATE:** |  |
| **aDDITIONAL REQUIREMENTS:** | *[GUIDANCE NOTE:* *Service Level Agreement etc.]* |
| **PART 1.2: ANCIPATED DURATION OF CONTRACT** |
| **Commencement Date:** |  |
| **Anticipated End Date:** |  |
| **Temporary or Fixed Term Assignment:** | *[GUIDANCE NOTE:* *Fixed term on Contracting Authority’s Payroll]* |
| **PART 1.3: MILESTONES AND KEY DELIVERABLES** |
| *[GUIDANCE NOTE:* *Insert details of milestones/key deliverables if relevant]* |
| **PART 1.4: Charges Payable by Contracting Authority (including any applicable discount and method of payment e.g. Government Procurement Card or BACS):** |
| *[GUIDANCE NOTE:**This should not be substantially or materially different from the Charges set out in Schedule 3 to the Framework Contract]* |
|  | **Pre-AWR** | **Post-AWR** |
| **Pay to Worker(s)** | £ (Hour/Day) | £ (Hour/Day) |
| **Total Charge** | £ (Hour/Day) | £ (Hour/Day) |
| **Payment profile will be ‘on completion of works’ as per paragraph 9.3 of schedule 2 of these call-off terms and conditions.** |
| **Discounts Applicable:** | *[GUIDANCE NOTE:* *Volume/Prompt Payment/Introducing Candidate]* |
| **PART 1.5: Acceptance prior to Payment** |
| *[GUIDANCE NOTE:**Completion of an assignment checklist by Service Provider]* |
| **PART 2: CONTRACTING AUTHORITY CONTRACTUAL REQUIREMENTS** |
| *[GUIDANCE NOTE:**Provide details of the duration of the Call Off Contract, the Call Off award procedure, details of any discounts agreed as part of a Service Level Agreement.* *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, including any additional KPIs/service credits that may be required.* *Provide details if paragraph 7, schedule 1 and paragraph 17 of schedule 2 (Staff Transfer) will apply to this Call Off Contract]* *Include any supplemental requirements to the Call-Off Terms as stated in your statement of requirements under a further competition procedure bearing in mind that the Call-Off Terms issued by the Authority at the tender stage cannot be substantially amended.]”* |
| **PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS***[GUIDANCE NOTE:**This Part 3 must only be used if a further competition is being used to select the Service Provider. Completion of this section for direct ordering is in breach of the Public Contracts Regulation 2015]* |
| **PART 3.1: Supplemental Requirements in addition to Call-Off Terms and Conditions:** |  |
| **PART 3.2: Variations to Call-Off Terms and Conditions:** |  |
| **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:** |  |
| **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 SUPPLIER AGREES** to enter a legally binding contract with the 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 Contract between the Supplier and the Authority.

**For and on behalf of the SUPPLIER:**

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

**For and on behalf of the CONTRACTING AUTHORITY:**

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