**Framework Schedule 6A (Health Order Form Template, Statement of Work Template and Call-Off Schedules)**

CALL-OFF REFERENCE: **[Insert** Buyer’s contract reference number]

PURCHASE ORDER: [**Insert** PO Number]

THE BUYER: **[Insert** Buyer’s name]

 BUYER ADDRESS [**Insert** business address]

THE SUPPLIER: [**Insert** name of Supplier]

SUPPLIER ADDRESS:[**Insert** registered address (if registered)]

REGISTRATION NUMBER:[**Insert** registration number (if registered)]

DUNS NUMBER: **[Insert** if known]

SID4GOV ID: **[Insert** if known]

**[Buyer guidance:** This Order Form, when completed and executed by both Parties, forms a Call-Off Contract. A Call-Off Contract can be completed and executed using an equivalent document or electronic purchase order system.

If an electronic purchasing system is used instead of signing as a hard-copy, text below must be copied into the electronic order form **starting from ‘APPLICABLE FRAMEWORK CONTRACT’ and up to, but not including, the** **Signature block.**

It is essential that if you, as the Buyer, add to or amend any aspect of any Call-Off Schedule, then **you must send the updated Schedule** with the Order Form to the Supplier.]

**APPLICABLE FRAMEWORK CONTRACT**

This Order Form is for the provision of the Deliverables described within it and is dated [**Insert** date of issue].

It is issued under the Framework Contract with the reference number RM6221 for the provision of Digital Capability for Health Deliverables.

Defined terms used in this Order Form shall be interpreted in accordance with Joint Schedule 1 (Definitions).

In the Call-Off Contract, a reference to a schedule numbered N, shall be interpreted as a reference to a schedule NA. For example a reference to a Call-Off Schedule 5 (Pricing Details and Expenses Policy), shall be interpreted as a reference to Call-Off Schedule 5A (Pricing Details and Expenses Policy).

The Parties intend that this Call-Off Contract will not, except for the first Statement of Work which shall be executed at the same time that the Call-Off Contract is executed, oblige the Buyer to buy or the Supplier to supply Deliverables.

The Parties agree that when a Buyer seeks further Deliverables from the Supplier under the Call-Off Contract, the Buyer and Supplier will agree and execute a further Statement of Work (in the form of the template set out in Annex 1 to this Framework Schedule 6 (Health Order Form Template, Statement of Work Template and Call-Off Schedules).

Upon the execution of each Statement of Work it shall become incorporated into the Buyer and Supplier’s Call-Off Contract.

**CALL-OFF SERVICE PROVISION(S):**

**[Insert** the relevant Service Provision from Framework Schedule 1 (Specification)]

**CALL-OFF INCORPORATED TERMS**

The following documents are incorporated into this Call-Off Contract. Where numbers are missing, those schedules are not in use. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Call-Off Special Terms and Call-Off Special Schedules.
2. Joint Schedule 1 (Definitions) RM6221
3. Framework Special Terms
4. Joint Schedule 11 (Processing Data) RM6221

[**Buyer guidance:** Annex 1 of Joint Schedule 11 (Processing Data) must be completed to reflect the Processing activities to be undertaken under this Call-Off Contract]

1. Call-Off Schedule 23 (Health Additional Call-Off Terms)
2. The following Schedules in equal order of precedence:

[**Buyer guidance: delete** any highlighted Schedules that you do not need for this Call-Off Contract. **Add** any additional Schedule needed, providing it is within scope of the framework agreement. **Remove** any highlighting remaining before finalising this Order Form. **Remove** this guidance too.]

* Joint Schedules for RM6221
	+ Joint Schedule 2 (Variation Form)
	+ Joint Schedule 3 (Insurance Requirements)
	+ Joint Schedule 4 (Commercially Sensitive Information)
	+ Joint Schedule 6 (Key Subcontractors)
	+ Joint Schedule 7 (Financial Difficulties)
	+ Joint Schedule 8 (Guarantee)
	+ Joint Schedule 10 (Rectification Plan)
* Call-Off Schedules for RM6221
	+ Call-Off Schedule 1 (Transparency Reports)
	+ Call-Off Schedule 2 (Staff Transfer)
	+ Call-Off Schedule 5A (Health Pricing Details and Expenses Policy)
	+ Call-Off Schedule 7 (Key Supplier Staff)
	+ Call-Off Schedule 9A (Health Security)
	+ Call-Off Schedule 10A (Health Exit Management)
	+ Call-Off Schedule 13A (Health Implementation Plan and Testing)
	+ [Call-Off Schedule 14 (Service Levels)]
	+ Call-Off Schedule 15A (Health Supplier and Contract Management)
	+ Call-Off Schedule 18 (Background Checks)
	+ [Call-Off Schedule 20 (Call-Off Specification)]
	+ Call-Off Schedule 24 (Health Probity)
1. CCS Core Terms (version 3.0.9)
2. Joint Schedule 5 (Corporate Social Responsibility) RM6221
3. Call-Off Schedule 4 (Call-Off Tender) as long as any parts of the Call-Off Tender that offer a better commercial position for the Buyer (as decided by the Buyer) take precedence over the documents above.

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

For the avoidance of doubt, any variation of a Joint Schedule detailed above agreed by CCS and the Supplier following the agreement of this Order Form, shall not affect this Call-Off Contract save where such amendment is incorporated in accordance with the provisions of this Call-Off Contract by the Buyer and the Supplier.

Any Variation to this Call-Off Contract must be agreed in writing by the Buyer and the Supplier. CCS is not entitled to vary a Call-Off Contract without the Buyer’s written agreement.

**CALL-OFF SPECIAL TERMS**

The following Special Terms are incorporated into this Call-Off Contract:

**[Insert** terms to revise or supplement Core Terms, Joint Schedules, Call-Off Schedules; or none]

[Special Term 1 ]

[Special Term 2. ]

[Special Term 3. ]

[None]

**CALL-OFF START DATE**: [**Inset** Day Month Year]

**CALL-OFF EXPIRY DATE**: [**Inset** Day Month Year]

**CALL-OFF INITIAL PERIOD**: [**Insert** Years, Months]

**CALL-OFF OPTIONAL**

**EXTENSION PERIOD**: [**Insert** Year(s), Month(s)]

**MINIMUM NOTICE PERIOD**

**FOR EXTENSION(S)**: [**Insert** Month(s)]

**HANDOVER DATE (IF APPLICABLE)** [**Insert** Day Month Year]

**– SEE CALL OFF SCHEDULE 13A**

**CALL-OFF CONTRACT VALUE**: [**Insert** Contract value]

**CALL-OFF DELIVERABLES**

**[Buyer guidance:** **complete** option A or, if Deliverables are too complex for this form, **use** option B and Call-Off Schedule 20 instead. **Delete** the option that is not used.]

[Option A: [Name of Deliverable][Quantity][Delivery date][Location] [Details]]

[Option B: See details in Call-Off Schedule 20 (Call-Off Specification)]

**MAXIMUM LIABILITY**

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms, as amended by the Framework Award Form Special Terms.

**[Buyer guidance:** you can change the cap on liability in Clause 11.2 where you have made an appropriate risk assessment and sought the necessary management approvals. Unlimited liability under Clause 11.2 is not permitted]

The Estimated Year 1 Charges used to calculate liability in the first Contract Year is **[Insert** Estimated Charges in the first 12 months of the Contract]. [Buyer guidance: The Buyer must always provide a figure here]

**CALL-OFF CHARGES**

**[Buyer guidance:** The Buyer has selected Capped Time and Materials as the basis of charging for the Call-Off Contract overall. An individual SOW may be required to be priced based on the charging methods detailed below, and which are incorporated into Call-Off Schedule 5 (Pricing Details):

1. Capped Time and Materials
2. Incremental Fixed Price
3. Fixed Price
4. A combination of one or more of the above charging methods.]

All changes to the Charges must use procedures that are equivalent to those in Paragraphs 5 or 6 in Framework Schedule 3 (Framework Prices).

**REIMBURSABLE EXPENSES**

*[****See Paragraph 8 and Expenses Policy in Annex 1 of Call-Off Schedule 5A (Health Pricing Details and Expenses Policy).****]*

[**Insert** not applicable
**or insert** Reimbursable Expenses are capped at [ ] percent of Call-Off Contract value.]

**MATERIAL KPIs**

The following Material KPIs shall apply to this Call-Off Contract in accordance with Paragraph 9 of Call-Off Schedule 15A:

|  |  |  |
| --- | --- | --- |
| **Material KPI** | **Target**  | **Measured by** |
| [Buyer to insert] | ≥ [insert]% | [Buyer to insert] |
| [Buyer to insert] | ≥ [insert]% | [Buyer to insert] |

**PAYMENT METHOD**

In accordance with Paragraph 8 of Call-Off Schedule 15A (Health Supplier and Contract Management).

**BUYER’S INVOICE ADDRESS:**

[**Insert** name]

**[Insert** role]

**[Insert** phone]

[**Insert** email address]

**[Insert** address]

**BUYER’S AUTHORISED REPRESENTATIVE**

[**Insert** name]

**[Insert** role]

**[Insert** phone]

[**Insert** email address]

**[Insert** address]

**BUYER’S ENVIRONMENTAL POLICY**

**[Insert details** [Document name] [version] [date] [available online at:]

**or insert:** [Appended at Call-Off Schedule X]]

**BUYER’S SECURITY REQUIREMENTS**

The following Annexes of Call-Off Schedule 9A (Security) shall be disapplied under this Call-Off Contract and each Statement of Work:

[Annex 2: Data Security by Design]

[Annex 3: Supplier’s systems: Security Testing, Security Monitoring and Reporting Procedures]

[Annex 4: Information Security Management Document Set Template]

[Buyer to insert as applicable – see guidance in Call Off Schedule 9A (Security)]

**BUYER’S STANDARDS REQUIREMENTS**

From the Start Date of this Call-Off Contract, the Supplier shall comply with the relevant (and current as of the Call-Off Start Date) Standards set out in Annex 3 of Framework Schedule 1 (Specification). The Buyer requires the Supplier to comply with the following additional Standards requirements for this Call-Off Contract:

**[Insert** as applicable]

**SUPPLIER’S AUTHORISED REPRESENTATIVE**

[**Insert** name]

**[Insert** role]

**[Insert** phone]

[**Insert** email address]

**[Insert** address]

**SUPPLIER’S CONTRACT MANAGER**

[**Insert** name]

**[Insert** role]

**[Insert** phone]

[**Insert** email address]

**[Insert** address]

**KEY STAFF**

As set out in each Statement of Work under this Call-Off Contract.

**KEY SUBCONTRACTOR(S)**

**[Insert** name (registered name if registered)]

**TRANSITION PERIOD PROGRESS MEETING FREQUENCY**

*[See paragraph 8.6.6 of Part A of Call Off Schedule 13A (Health Implementation Plan and Testing) and insert frequency if required, or leave this blank]*

**OFFSHORE WORKING**

[**Insert** Not applicable **or insert** The Supplier will be using non-UK Supplier Staff or Subcontractors in providing the Deliverables and performing its obligations under the Call-Off Contract.

Where non-UK Subcontractors are used, the applicable rate card(s) shall be appended to Call-Off Schedule 5A (Health Pricing Details and Expenses Policy) and Services provided by such Supplier Staff or Subcontractors shall be charged at rates no greater than those set out in the applicable rate card.

Where non-UK Subcontractors are used, the Supplier shall ensure it outlines its approach for offshore delivery in accordance with Joint Schedule 11 (Processing Data) and Call-Off Schedule 9A (Security).

**COMMERCIALLY SENSITIVE INFORMATION**

[**Insert** Not applicable **or insert** Joint Schedule 4 (Supplier’s Commercially Sensitive Information)]

**BALANCED SCORECARD**

See Call-Off Schedule 15A (Health Supplier and Contract Management).

**ADDITIONAL INSURANCES**

[**Insert** Not applicable

**or insert** details of Additional Insurances required in accordance with Joint Schedule 3 (Insurance Requirements) ]

**SOCIAL VALUE COMMITMENT**

[**Insert** Not applicable **or insert** The Supplier agrees, in providing the Deliverables and performing its obligations under the Call-Off Contract, that it will comply with the social value commitments in Call-Off Schedule 4 (Call-Off Tender)]

**GRANT OF THIRD PARTY RIGHTS TO CONTROLLERS**

The named third party public sector Controllers detailed in Joint Schedule 11 (Processing Data) **[will / will not]** be granted CRTPA rights in relation to the Supplier’s compliance with the Data Protection Legislation.

**MAINTENANCE OF DATA PROTECTION RECORDS**

| **Obligation** | **Obligation Applies\*** |
| --- | --- |
| The Processor shall maintain complete and accurate records and information to demonstrate its compliance with Joint Schedule 11 | Yes |
| \* this obligation can only be changed to ‘No’ (i) where the Processor employs less than 250 staff, and (ii) the Controller(s) under the Contract all agree the obligation can be disapplied in accordance with the criteria in paragraph 9 of Joint Schedule 11. |  |

**IMPLEMENTATION AND TRANSITION**

**Implementation Plan** [applicable / not applicable] **Transition Plan** [applicable / not applicable]

[If applicable within Call Off Schedule 13A (Health Implementation Plan and Testing) please complete the above]

**STAFF TRANSFER**

| **Call-Off Schedule 2 (Staff Transfer)** | **Applies?** | **Interpretation** |
| --- | --- | --- |
| There is a Staff Transfer from Buyer on entry (1st generation)  | **Yes / No** | If Yes, Part A of Call-Off Schedule 2 shall apply. |
| There is a Staff Transfer from former / incumbent supplier on entry (2nd generation) | **Yes / No** | If Yes, Part B of Call-Off Schedule 2 shall apply.  |
| There is both a 1st and 2nd generation Staff Transfer on entry. | **Yes / No** | If Yes, both Part A and Part B of Call-Off Schedule 2 shall apply. |
| Pensions - The following pensions shall apply to the Staff Transfer: | **Yes / No** | D1 (CSPS) |
| **Yes / No** | D2 (NHSPS) |
| **Yes / No** | D3 (LGPS) |
| **Yes / No** | D4 Other Schemes (specify which ones): |
| **Yes / No** | Not Applicable |
| There is no Staff Transfer (either 1st or 2nd generation) at the Start Date. | **Yes / No** | Part C of Call-Off Schedule 2 shall apply. |
| Part E of Call-Off Schedule 2 (Dealing with Staff Transfer on exit) shall apply to every Call-Off Contract. |

**STATEMENTS OF WORK**

During the Call-Off Contract Period, the Buyer and Supplier may agree and execute completed Statement of Works. Upon execution of a Statement of Work the provisions detailed therein shall be incorporated into the Call-Off Contract to which this Order Form relates.

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

[**Buyer guidance:** execution by seal / deed where required by the Buyer]

## **Appendix 1**

The first Statement(s) of Works shall be inserted into this Appendix 1 as part of the executed Order Form. Thereafter, the Buyer and Supplier shall complete and execute Statements of Work (in the form of the template Statement of Work in Annex 1 to the template Order Form in Framework Schedule 6A (Health Order Form Template, Statement of Work Template and Call-Off Schedules).

Upon agreement by the Buyer and the Supplier, each agreed Statement of Work is deemed incorporated into this Appendix 1 as a supplementary Statement of Work.

Each Statement of Work must have a unique identifying reference.

**Annex 1 (Template Statement of Work)**

|  |
| --- |
| 1. **STATEMENT OF WORK (“SOW”) DETAILS**
 |
| Upon execution, this SOW forms part of the Call-Off Contract (reference below).The Parties will execute a SOW for each set of Buyer Deliverables required. Any ad-hoc Deliverables requirements are to be treated as individual requirements in their own right and the Parties should execute a separate SOW in respect of each, or alternatively agree a variation to an existing SOW.All SOWs must fall within the Specification and provisions of the Call-Off Contact. The details set out within this SOW apply only in relation to the Deliverables detailed herein and will not apply to any other SOWs executed or to be executed under this Call-Off Contract, unless otherwise agreed by the Parties in writing. |
| **Date of SOW:** |  |
| **SOW Title:** |  |
| **SOW Reference:** |  |
| **Call-Off Contract Reference:** |  |
| **Buyer:** |  |
| **Supplier:** |  |
| **SOW Start Date:** |  |
| **SOW End Date:** |  |
| **Duration of SOW:** |  |
| **Subcontractors** |  |

| 1. **CALL-OFF CONTRACT SPECIFICATION - PROGRAMME CONTEXT**
 |
| --- |
| **SOW Deliverables Background** | *[Insert details of which elements of the Deliverables under the Call-Off Contract this SOW will address].*  |
| **Delivery phase(s)** | *[Insert item and nature of Delivery phase(s), for example, Discovery, Alpha, Beta or Live].* |
| **Overview of Requirement** | *[Insert details including release types(s), for example, Adhoc, Inception, Calibration or Delivery].* |
| **Accountability Models** | *Please tick the Accountability Model(s) that shall be used under this Statement of Work:*Sole Responsibility:☐Self Directed Team:☐Rainbow Team:☐ |

|  |
| --- |
| 1. **BUYER REQUIREMENTS – SOW DELIVERABLES**
 |
| **Outcome Description**  |  |
| **Milestone Ref** | **Milestone Description** | **Acceptance Criteria** | **Due date** |
| **MS01** |  |  |  |
| **MS02** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Delivery Plan**  |  |
| **Dependencies**  |  |
| **Supplier Resource Plan**  |  |
| **Security Applicable to SOW** | **[Guidance**: operational team to consult with Buyer Authorised Representative if security requirements require amendment for this Statement of Work]The Supplier confirms that all Supplier Staff working on Buyer Sites and on Buyer Systems and Deliverables, have completed Supplier Staff Vetting in accordance with Call-Off Schedule 9A (Security).**The following Annexes of Call-Off Schedule 9A (Security) shall be disapplied under this Call-Off Contract and each Statement of Work:****[Annex 2: Data Security by Design]****[Annex 3: Supplier’s systems: Security Testing, Security Monitoring and Reporting Procedures]****[Annex 4: Information Security Management Document Set Template]****[None]**[Buyer to complete as applicable – see guidance in Call-Off Schedule 9A (Security)] |
| **Standards Applicable to SOW** | **[Guidance**: operational team to consult with Buyer Authorised Representative if there are specific Standards requirements for this Statement of Work]From the Start Date of this Statement of Work, the Supplier shall comply with the relevant (and current as of the SOW Start Date) Standards set out in Annex 3 of Framework Schedule 1 (Specification). The Buyer requires the Supplier to comply with the following additional Standards requirements for this Statement of Work:* **[insert]**
 |
| **Additional Requirements**  | **Annex 1 –** Where Annex 1 of Joint Schedule 11 (Processing Data) in the Call-Off Contract does not accurately reflect the data Processor / Controller arrangements applicable to this Statement of Work, the Parties shall comply with the revised Annex 1 attached to this Statement of Work. |
| **Key Supplier Staff**  |

|  |  |  |
| --- | --- | --- |
| **Key Role** | **Key Staff** | **Contract Details** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| **[SOW Reporting Requirements:]** | **[**Further to the Supplier providing the management information detailed in Call-Off Schedule 15A (Health Supplier and Contract Management), the Supplier shall also provide the following additional management information under and applicable to this SOW only:

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref.** | **Type of Information** | **Which Services does this requirement apply to?** | **Required regularity of Submission** |
| **1.** | **[insert]** |
| 1.1 | [insert] | [insert] | [insert] |

 **]** |

|  |
| --- |
| 1. **CHARGES**
 |
| **Call Off Contract Charges** | The applicable charging method(s) for this SOW is:* [Capped Time and Materials]
* [Fixed Price]
* [Incremental Fixed Price]

***[Buyer to select as appropriate for this SOW]***The estimated maximum value of this SOW (irrespective of the selected charging method) is £[Insert detail].The Charges detailed in the financial model shall be invoiced in accordance with Clause 4 of the Call-Off Contract. |
| **Financial Model**  | [Supplier to insert its financial model applicable to this SOW] |
| **Reimbursable Expenses**  | [See Paragraph 8 and Expenses Policy in Annex 1 of Call-Off Schedule 5A (Health Pricing Details and Expenses Policy)]Where agreed, Reimbursable Expenses are capped at [ ] percent of Charges payable under this Statement of Work. |

|  |
| --- |
| 1. **SIGNATURES AND APPROVALS**
 |
| **Agreement of this SOW**BY SIGNING this Statement of Work, the Parties agree that it shall be incorporated into Appendix 1 of the Order Form and incorporated into the Call-Off Contract and be legally binding the Parties: |
| **For and on behalf of the Supplier**  |

|  |  |
| --- | --- |
| Name and title |  |
| Date |  |
| Signature |  |

 |
| **For and on behalf of the Buyer**  |

|  |  |
| --- | --- |
| Name and title |  |
| Date |  |
| Signature |  |

 |

**ANNEX 1**

**Data Processing**

Prior to the execution of this Statement of Work, the Parties shall review Annex 1 of Joint Schedule 11 (Processing Data) and if the content of Annex 1 of that Schedule does not adequately cover the Processor / Controller arrangements covered by this Statement of Work, Annex 1 of this Statement of Work shall be amended as set out below and the following table shall apply to the Processing activities undertaken under this Statement of Work only:

[TEMPLATE ANNEX 1 OF JOINT SCHEDULE 11 (PROCESSING DATA BELOW]

| **Description** | **Details** |
| --- | --- |
| Identity of Controller for each Category of Personal Data | **[The Buyer is Controller and the Supplier is Processor**The Parties acknowledge that in accordance with paragraph 2 to paragraph 15 and for the purposes of the Data Protection Legislation, the Buyer is the Controller and the Supplier is the Processor of the following Personal Data:* ***[Insert*** *the scope of Personal Data for which the purposes and means of the Processing by the Supplier is determined by the Buyer]]*

**[The Supplier is Controller and the Buyer is Processor***The Parties acknowledge that for the purposes of the Data Protection Legislation, the Supplier is the Controller and the Buyer is the Processor in accordance with paragraph* 2 *to paragraph 15* *of the following Personal Data:** ***[Insert*** *the scope of Personal Data which the purposes and means of the Processing by the Buyer is determined by the Supplier]]*

**[The Parties are Joint Controllers***The Parties acknowledge that they are Joint Controllers for the purposes of the Data Protection Legislation in respect of:** ***[Insert*** *the scope of Personal Data which the purposes and means of the Processing is determined by the both Parties together]]*

 *[***The Parties are Independent Controllers of Personal Data***The Parties acknowledge that they are Independent Controllers for the purposes of the Data Protection Legislation in respect of:** *Business contact details of Supplier Personnel for which the Supplier is the Controller,*
* *Business contact details of any* *directors, officers, employees, agents, consultants and contractors of Buyer (excluding the Supplier Personnel) engaged in the performance of the Buyer’s duties under the Contract) for which the Buyer is the Controller,*
* ***[Insert*** *the scope of other Personal Data provided by one Party who is Controller to the other Party who will separately determine the nature and purposes of its Processing the Personal Data on receipt e.g. where (1) the Supplier has professional or regulatory obligations in respect of Personal Data received, (2) a standardised service is such that the Buyer cannot dictate the way in which Personal Data is processed by the Supplier, or (3) where the Supplier comes to the transaction with Personal Data for which it is already Controller for use by the Buyer] ]*

***[Guidance*** *where multiple relationships have been identified above, please address the below rows in the table for in respect of each relationship identified]*  |
| Duration of the Processing | *[Clearly set out the duration of the Processing including dates]* |
| Nature and purposes of the Processing | *[Please be as specific as possible, but make sure that you cover all intended purposes.* *The nature of the Processing means any operation such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction of data (whether or not by automated means) etc.**The purpose might include: employment processing, statutory obligation, recruitment assessment etc.]* |
| Type of Personal Data | *[Examples here include: name, address, date of birth, NI number, telephone number, pay, images, biometric data etc.]* |
| Categories of Data Subject | *[Examples include: Staff (including volunteers, agents, and temporary workers), customers/ clients, suppliers, patients, students / pupils, members of the public, users of a particularwebsite etc.]* |
| Plan for return and destruction of the data once the Processing is completeUNLESS requirement under Union or Member State law to preserve that type of data | *[Describe how long the data will be retained for, how it be returned or destroyed]* |