RM971 Non medical non clinical

PART 1 – template ORDER FORM

***GUIDANCE NOTE:***

***The Order Form should include all the project specific details of the Call-off Contract. All details that are requirement specific or specific to the Contracting Body will be included in the Order Form. When signed this Order Form becomes a legally binding contract incorporating the terms and conditions of the Call-Off Contract.***

**ORDER FORM**

**THE SUPPLY OF NON MEDICAL NON CLINICAL (NMNC) TEMPORARY AND FIXED TERM STAFF FRAMEWORK AGREEMENT: RM971**

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

|  |  |
| --- | --- |
| **CUSTOMER** |  |
| **SERVICE 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 Body]*

|  |  |
| --- | --- |
| **SERVICE PROVIDER** |  |
| **SERVICE PROVIDER’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: | | | |
| **RM971 LOT:** | |  | |
| **NUMBER OF ROLES REQUIRED:** | |  | |
| **Job Role/Title:** | |  | |
| **Agenda for Change Pay Band:** | |  | |
| **Agenda for Change Pay Point:**  **(lowest within AfC Pay Band unless stated)** | |  | |
| **Hours/Days Required:** | |  | |
| **Any unsocial hours required? (give detail) [Outside 8am to 6pm Mon to Friday]** | |  | |
| **Fee Type:** | | 1. Patient Facing 2. Non-Patient Facing (Disclosure) 3. Non-Patient Facing (No Disclosure) | |
| **Immunisation Requirements**  **(Fee Type 1 only)** | |  | |
| **DBS required**  **(Fee Type 1 and 2 only)** | | 1. Basic 2. Standard 3. Enhanced | |
| **High Cost Area Supplement?** | | 1. None 2. Inner London 3. Outer London 4. Fringe | |
| **Regulated or Controlled Activity (ISA)?** | |  | |
| **Skills, Training and Qualifications necessary to performance of the role:** | |  | |
| **Person and Dept to whom work-seeker should report at start:** | |  | |
| **Post code of location with requirement:** | |  | |
| **RM971 Lot:** | |  | |
| **Number of Roles required:** | |  | |
| **Job Role/Title:** | |  | |
| **Agenda for Change Pay Band:** | |  | |
| **aDDITIONAL REQUIREMENTS:** | | *[GUIDANCE NOTE:*  *Service Level Agreement etc]* | |
| **PART 1.2: ANCIPATED DURATION OF CONTRACT** | | | |
| **Commencement Date:** | |  | |
| **Anticipated End Date:** | |  | |
| **Temporary / Fixed Term Assignment:** | | *[GUIDANCE NOTE:*  *Fixed term on Customer’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 Customer (including any applicable discount and method of payment e.g. Government Procurement Card or BACS):** | | | |
| *[GUIDANCE NOTE:*  *This should not be substantially of materially different from the Charges set out in Schedule 3 to the Framework Agreement]* | | | |
|  | **Pre-AWR** | | **Post-AWR** |
| **Pay to Worker(s)** | £ (Hour/Day) | | £ (Hour/Day) |
| **Total Charge** | £ (Hour/Day) | | £ (Hour/Day) |
| **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: CUSTOMER 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. For instance, revisions to the Service Levels and Service Credits table as set out in Call Off Schedule 6.*  *Provide details if Clause 26 (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 Crown Commercial Service at the tender stage cannot be substantially amended.  Also, specify above whether any of the alternative/Additional Clauses set out in Schedule 14 (Alternative and/or Additional Clauses) are needed.]”* | | | |
| **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 2006]* | | | |
| **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 SERVICE PROVIDER AGREES** to enter a legally binding contract with the Customer to provide to the Customer 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 Minister for the Cabinet Office.

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

|  |  |
| --- | --- |
| **NAME:** |  |
| **TITLE:** |  |
| **SIGNITURE:** |  |
| **DATE:** |  |

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

|  |  |
| --- | --- |
| **NAME:** |  |
| **TITLE:** |  |
| **SIGNITURE:** |  |
| **DATE:** |  |