**Framework Schedule 6 (Order Form Template and Call-Off Schedules)**

**Part A**

**Order Form Template**

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

THE BUYER: **[Insert** Buyer’s name]

BUYER ADDRESS [**Insert** business address]

THE SUPPLIER: 4myschools Education

SUPPLIER ADDRESS:35-37 Moulsham Street, Chelmsford, Essex, CM2 0HY

REGISTRATION NUMBER:06565684

DUNS NUMBER: 211164043

SID4GOV ID:

**[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, the text below must be
copied into the electronic order form]

APPLICABLE FRAMEWORK CONTRACT

This Order Form is for the provision of the Call-Off Deliverables and dated 29 August 2018.

It’s issued under the Framework Contract with the reference number RM3826 for the provision of Supply Teachers and other school staff.

CALL-OFF LOT(S):

**Lot 1**

CALL-OFF INCORPORATED TERMS

The following documents are incorporated into this Call-Off Contract. 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 and Interpretation) RM3826
3. The following Schedules in equal order of precedence:
* Call-Off Schedules 7 – Key Supplier Staff Version 1
1. CCS Core Terms (version 3.0.1)
2. Joint Schedule 5 (Corporate Social Responsibility) RM3826

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.

CALL-OFF SPECIAL TERMS

 [None]

CALL-OFF START DATE: 3 Sept 2018

CALL-OFF EXPIRY DATE: 28 Aug 2020

CALL-OFF INITIAL PERIOD: **2** Years, Months

CALL-OFF DELIVERABLES

Supply Teachers and other suitable supply staff

MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

CALL-OFF CHARGES

As determined by the school for the supply staff provided.

REIMBURSABLE EXPENSES

**None**

PAYMENT METHOD

BACS transfer or Cheque

BUYER’S INVOICE ADDRESS:

[**Insert** name]

**[Insert** role]

[**Insert** email address]

**[Insert** address]

BUYER’S AUTHORISED REPRESENTATIVE

[**Insert** name]

**[Insert** role]

[**Insert** email address]

**[Insert** address]

SUPPLIER’S AUTHORISED REPRESENTATIVE

Simone Payne

Managing Director

Simone.Payne@4myschools.org

35-37 Moulsham Street, Chelmsford, Essex CM2 OHY

SUPPLIER’S CONTRACT MANAGER

Ian Walker

Head of Talent

Ian.Walker@4myschools.org

35-37 Moulsham Street, Chelmsford, Essex CM2 OHY

GUARANTEE

Not applicable

SOCIAL VALUE COMMITMENT

Not applicable

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

**Part B**

**Call-Off Schedules**

**Key Supplier Staff Version 1**