**ORDER FORM: CUAHRS2021 HUMAN RESOURCE AND INVESTIGATION SERVICES**

**BUYING PROCESS:**

|  |  |
| --- | --- |
| **Step 1** | Public Authority or approved user (Customer) completes **PART A** |
| **Step 2** | Customer sends the Order Form to Contractor(s) depending on the value of work (refer to the Buyers Guide for Buying Rules under this CUA) |
| **Step 3** | Contractor completes **PART B** and returns to the Customer |
| **Step 4** | Customer confirms or declines Contractor(s) offer. |

PART A: REQUEST FROM BUYER

This request is called under Common Use Arrangement HRS2021 for Human Resource and Investigation Services.

Please respond to the scope of requirements below and respond prior to:

TIME: DATE:

|  |  |  |  |
| --- | --- | --- | --- |
| CUSTOMER DETAILS | | | |
| Name of Customer |  | ABN: |  |
| Section / Division: |  | | |
| Contact person and title: |  | | |
| Contact details: | Phone: | | |
| Email: | | |
| Category: (*Please Tick)* | Category 1 – HR Investigation Services  Category 2 – Job Design and Classification Services  Category 3 – Recruitment Services for Levels 1 to 8  Category 4 – Executive Recruitment Services (Non-mandatory) | | |

|  |
| --- |
| **DESCRIPTION / SCOPE & PRICING REQUIREMENTS** *(Attach further details if required).* |
| (Headers may include: Introduction, Scope of requirements, Progress Meetings, Timeline, Deliverables, Experience Required, Reporting)  Please provide your best and final offer. |

|  |  |  |  |
| --- | --- | --- | --- |
| GENERAL REQUIREMENTS OF CUSTOMER | | | |
| Written Response addressing Scope required (Y/N) : |  | Consultants’ CV required (Y/N) : |  |
| Estimated start date: |  | Estimated finish date: |  |
| Will the Customer be using **P-Card** to pay for the services? | | Yes  No | |

PART B: RESPONSE FROM CONTRACTOR

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTRACTORS CONTACT DETAILS** | | | |
| To: | | (Buying Entity name and contact person) | |
| Name of Contractor: | |  | |
| Customer Contract No. | |  | |
| Customer Contract Title | |  | |
| ACN: | |  | |
| ABN: | |  | |
| Address: | |  | |
| Contact Person and Position: | |  | |
| Phone: |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| **TYPE OF RATE** | | |
| Hourly | Fixed | Other (please specify here) |

Consultant(s) engaged in project:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONSULTANT(S) | | | | |
| Name of Nominated Consultant | Years of Experience | Number of Hours *(if applicable)* | Rate *(as per Type of Rate above)* | |
| GST Exclusive | GST Inclusive |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |

|  |
| --- |
| **ADDITIONAL COSTS excl GST** *(Attach further details if required).As per CUA price schedule (discounts may be provided)* |
|  |

|  |
| --- |
| **TOTAL COST excl GST** *(Attach further details if required).* |
|  |

|  |  |
| --- | --- |
| **CONFLICT OF INTEREST** | |
| Does the Contractor have any potential conflict(s) of interest to declare? | |
| Yes  No | If yes, please provide details. |

I (the Contractor) certify that the above prices and information are in accordance with the terms, conditions and pricing of CUAHRS2021 Human Resource and Investigation Services.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_

PART C: ACCEPTANCE OF OFFER

|  |  |  |
| --- | --- | --- |
| **To:**  (name of Contractor and contractor contact person) | | |
| **CUSTOMER CONTRACT AWARD DETAILS (add rows if required)** | | |
| **Buying Entity:** |  | |
| **Address for service delivery:** |  | |
| **Customer Contract No.:** |  | |
| **Customer Contract Title:** |  | |
| **Customer Contact Name:** |  | |
| **Contract Start Date:** |  | |
| **Initial Contract Term:**  (do not include extension options) |  | |
| **Extension Options:** | Yes  No | (If yes, please provide details) |
| **Customer Contact Name:** |  | |
| **Customer Contact Phone No:** |  | |
| **Customer Contact Email:** |  | |
| **Category Selection:** |  | |
| 1 – HR Investigation Services | Yes  No | |
| 2 – Job Design and Classification Services | Yes  No | |
| 3 – Recruitment Services for Levels 1 to 8 | Yes  No | |
| 4 – Executive Recruitment Services | Yes  No | |

**Delegated Authority’s Approval (if required):**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | | |
| Name: |  | Date: |  |
| Position Title: | | | |