## **Appendix B: Supplier Response Form**

## **(To be completed by Supplier(s) putting forward the candidates)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Information Requirement** | **Supplier’s Response** | | |
| Number of CVs enclosed |  | | |
| Recruitment Consultant name |  | | |
| Recruitment Consultant contact telephone number |  | | |
| Recruitment Consultant contact e-mail address |  | | |
|  | **Candidate A** | **Candidate B** | **Candidate C** |
| Is the candidate available to start on the date indicated in Agency Worker Request Form? |  |  |  |
| Is the candidate available for the full duration of the interim assignment indicated in the Agency Worker Request Form? |  |  |  |
| Does the candidate match the appropriate skills, competences, experience and qualifications? |  |  |  |
| Confirm that the Candidate is PAYE (ie. not IR35) |  |  |  |
| Can the candidate work at the normal place of work; and travel (where required)? |  |  |  |
| Candidate Daily Pay Rate (£) |  |  |  |
| **Applicable to PAYE Only**  National Insurance (NI) and Working  Time Regulation (WTR) Rate (£) |  |  |  |
| Commission Rate per Day |  |  |  |
| **Total Daily Charge Rate**  **(excluding VAT) (£)** |  |  |  |

In addition please see attached the CV for each candidate being put forward for the position. As a minimum, CVs should contain details in response to the criteria stated in the Agency Worker Request Form.

## **Declaration**

I confirm that the proposal submitted for this call off requirement will be governed by the call-off terms and conditions of the Councils’ Dynamic Purchasing System.

Signature Name

Position Date