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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Blue Arrow Agency Worker  Order Form | | | | | | | **Guidance** | | | | | | | **Please complete Section 1 and 2 of this form and email it to your College/Professional Services Group HR Team:**  ACE: [accom.HR@ed.ac.uk](mailto:accom.HR@ed.ac.uk) ISG: [HR.InfoServices@ed.ac.uk](mailto:HR.InfoServices@ed.ac.uk) CAHSS: [HR.cahss@ed.ac.uk](mailto:HR.cahss@ed.ac.uk)  CSE: [HRscieng@ed.ac.uk](mailto:HRscieng@ed.ac.uk) MVM: [MVM.HRadmin@ed.ac.uk](mailto:MVM.HRadmin@ed.ac.uk) USG & CSG:[HR.sgs@ed.ac.uk](mailto:hr.sgs@ed.ac.uk)  You no longer need to physically sign HR forms as long as you submit them via email from your University of Edinburgh email account. Please refer to the [HR A-Z Forms Page](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) for more information.  If you require this document in an alternative format please contact HR by email [UHRS@ed.ac.uk](mailto:UHRS@ed.ac.uk) or by telephone on 0131 650 8127. <https://www.ed.ac.uk/information-services/help-consultancy/accessibility/creating-materials/altformatintro> | | | | | | | **Section 1 : Hiring Manager** | | | | | | | Hiring Manager Name: | | |  | | | | Department: | | |  | | | | Telephone Number: | | |  | | | | Email Address: | | |  | | | | Invoice Address: | Address line 1:  Address line 2:  Address line 3:  Postcode: | | | | | | **Section 2: Requirements** | | | | | | | Job Title: | |  | | | | | Grade: | |  | | | | | Required Start Date (dd/mm/yyyy): | |  | | | | | Expected duration: | |  | | | | | Nature of work & reason for additional resources required: | |  | | | | | Number of agency workers required: | |  | | | | | What previous experience is required? | |  | | | | | Will they be supervised or working on their own? | |  | | | | | Is a PVG required? | | Yes  No | | | | | Other comments/special requirements: | |  | | | | | **Section 3 : To Be Completed by HR** | | | | | | | Pay per hour: | | £ | | Cost per hour: | £ | | Completed by: | |  | | Date (dd/mm/yyyy): |  | | **Section 4: To Be Completed by Blue Arrow** | | | | | | | Agreed Start Date (dd/mm/yyyy): | |  | | Agreed hourly rate: | £ | | Name of Temp: | |  | | | | |