TIMESHEET

Email to - accounts@healthrecruitnetwork.co.uk
Fax to - 0845 299 1580

Full Name.....

Tel: 020 7193 4003

Band..... Speciality.....

Emergency tel: 07860775236

Hospital / Ward.....

Day	Date	Start Time	Finish Time	Break Time	Total Hours Worked	Authorised By / Date
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Worker Signature..... Date.....

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for details on this timesheet. I understand that if I provide false information this may result in disciplinary action, prosecution, or civil recovery proceedings. I consent to the disclosure of information from time to time to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Authorised by / Date:

Signature..... Position.....

Print Name..... Date.....

I confirm that I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the Band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body of the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Please tick (✓) one box as appropiate for each statement (If applicable)	Excellent	Good	Satisfactory	Poor
Accuracy & Quality of Work				
Ability to work as part of a team				
Ability to work without supervision				
Attitude towards patients				
Communication skills (Oral)				
Communication skills (Written)				
Personal Organisation				
Presentation				
Punctuality/Reliability				
Setting & Meeting Priorities				
Standard of work / Clinical skills				

Hospital – Trust (Ward) / Home……

Signed by:

Signature…… Position……

Print Name…… Date……

Company Stamp