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|  **Weekly Timesheet** Email: Timesheets@pertempsmedical.co.uk  Tel:0203 2255999 Fax: 0208 711 2237 | **Timesheet Ref No** | **Week Ending Date** **/** |  |

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| All entries must be in **black ink and block capitals**. No correction fluid must be used on the timesheet. Any timesheet that is incomplete or illegible will result in the form being returned back to you and a delay in the payment. Any corrections or alterations made on the timesheet by the agency worker must be initialled by the authorised signatory. Before the timesheet is submitted for authorisation, any uncompleted boxes must be crossed through. **Time of hours worked should be entered in the twenty-four hour clock format.**  |
| **Candidate Name** |  | **Client Name** |  |
| **NMC/HcPC No.** |  | **Location** |  |
| **Grade/Specialty** |  | **Department** |  |
| **Booking Ref No.** |  | **Reporting to** |  |

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|  | **Date** | **Start Time** | **End Time** | **Start Break** | **End Break** | **Total Break Deduction** | **Total Hours** | **Daily Signature (where applicable)** | **Candidate Declaration** |
| **e.g.** | 01/01/2013 | 09 : 00 | 18: 00 | 13 : 00 | 14 : 00 | 1 : 00 | 08 : 00 |  | “I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. By signing this timesheet I have accepted the terms and conditions of the agency and I also confirm that I have received a suitable client induction and orientation (inc Fire Safety) prior to commencing this assignment. **Please sign and date below to confirm that the information you have submitted is correct. Please provide supportive evidence for all expenses claimed.** |
| **Monday** |  / / | : | : | : | : | : |  |  |
| **Tuesday** |  / / | : | : | : | : | : |  |  |
| **Wednesday** |  / / | : | : | : | : | : |  |  |
| **Thursday** |  / / | : | : | : | : | : |  |  |
| **Friday** |  / / | : | : | : | : | : |  |  |
| **Saturday** |  / / | : | : | : | : | : |  |  |
| **Sunday** |  / / | : | : | : | : | : |  |  | **Locum Signature** |  |
|  | **Total** |   |  | **Date** |   |

|  |  |  |  |  |  |  |  |
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| **Placement assessment Please as appropriate** | **N/A** | **Unsatisfactory** | **Borderline** | **Satisfactory** | **Good** | **Excellent** | **Client Authorisation** |
| **Clinical Skills in line with needs of position** |   |   |   |   |   |   | “I am an authorised signatory for my ward/department/NHS body and I am signing below to confirm that both the grade of agency worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purposes of verification of this claim and the investigation, detection and prosecution of fraud” Any Questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence to NHS Protect Reporting on 0800 028 4060. I confirm that I have given an induction and orientation (inc Fire Safety) prior to commencing this assignment and confirm that by signing this document, confirm that the worker knowledge and skills were satisfactory for the role assigned as a Day 1 initial assessment. |
| **Relationships with patients & staff** |  |  |  |  |  |  |
| **Timekeeping** |   |   |   |   |   |   |
| **Managing workload** |   |   |   |   |   |   |
| **Reliability** |   |   |   |   |   |   |
| **Communication skills** |  |  |  |  |  |  |
| **Supervisory skills** |  |  |  |  |  |  |
| **Organisational ability** |   |   |   |   |   |   | **Print Name & Grade** |  |
| **Sickness/absence record** |   |   |   |   |   |   | **Client Signature** |  |
| **Overall clinical & professional performance in adherence with NMC Code of Practice and behaviour**  |   |   |   |   |   |   | **Date** |  |

**I can confirm that NO breaks were taken by the candidate in this timesheet. I authorise the FULL PAYMENT with NO BREAKS to be deducted: Signed……………………………………… Print:……………………………..**