

Candidate Name _____ Trust _____
 NMC No _____ Hospital _____
 Band/Speciality _____ Ward _____

Local Induction

I received an induction addressing professional practice / relevant health & safety issues either during my shift(s) or previously when I worked on this ward.

Please tick this box to confirm

To be completed by the agency worker (you)

DAY	DATE	BOOKING REFERENCE	START TIME	BREAKS HRS/MINS	FINISH TIME	TOTAL HRS EXC. BREAKS	PRINT NAME	CLIENT DAILY SIGNATURE	CANDIDATE DECLARATION
Monday									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 details on this timesheet. 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 time to time and by the NHS body and the NHS CFSMS for the purpose of verification of its claim and the investigation, prevention, detection and prosecution of fraud.
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday								Nurse signed _____	
Total Hours									Date _____

To be completed by the authorised Trust/hospital signatory

	EXCELLENT	VERY GOOD	GOOD	POOR	N/A	CLIENT AUTHORISATION	
Clinical skills in line with the position requirements						I confirm that I am signing to confirm that both the grade of Agency Worker and hours/shift that I am authorising are accurate and I approve payment. I know 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 in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.	
Relationships with patients and staff							
Timekeeping							
Management of Workload							
Reliability							
Professional standards							
Communication skills							Print Name _____
Sickness/absence records							Client Signature _____ Date _____

Feedback completed by Print Name _____

Sign _____