

NURSING TIMESHEET

Strictly one timesheet per shift - Bad copies and photos will be rejected - Submission Deadline – 6pm Monday

FAX: 0844 77 44 661

EMAIL: timesheets@medpure.co.uk

Candidate Name

NMC No

Band/Speciality

Booking Reference

Trust

Hospital

Ward

Reporting to

To be completed by the agency worker (you)

Day	Date	Start Time	Breaks Hrs/Mins	Finish Time	Total Hrs Exc. Breaks	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							
				Total Hours			Nurse signed <input type="text"/>
							Date <input type="text"/>

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						
Sickness/absence records						
						Print Name <input type="text"/>
						Client Signature <input type="text"/>
						Date <input type="text"/>