

Candidate Name \_\_\_\_\_

Hospital \_\_\_\_\_

**Local Induction**

Band/Speciality \_\_\_\_\_

Ward \_\_\_\_\_

I received an induction addressing professional practice / relevant health & safety issues including a local fire safety induction either during my shift(s) or previously when I worked in this department

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	CLIENT 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									
<b>Total Hours</b>									Nurse signed
									Date

**Client feedback (Please complete if you are happy or in a position to assess this agency worker)**

**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						
Relationships with colleagues						
Management of Workload						
Appearance						
Professionalism and conduct						
Additional comments						Print Name
						Client Signature
						Date