

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Grade/Speciality: \_\_\_\_\_ Hospital: \_\_\_\_\_

Ward: \_\_\_\_\_

### Client Induction

I received an induction addressing professional practice / relevant health & safety issues including a local fire safety induction either during my shift(s) or previous 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 SIGNATURE
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>Total Hours</b>								

### Candidate Declaration

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.

Nurse signature:

Date:

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

	EXCELLENT	VERY GOOD	GOOD	POOR	N/A
Clinical Skills					
Organisation Skills					
Teamwork					
Attitude					
Professionalism					
Punctuality					
Appearance					

Would you be happy to have this candidate back?  Yes  No

### Authorised Trust/Hospital signatory Client Authorisation

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.

Print name:

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Nurse signature:

Date:

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