

Timesheet

Please complete this timesheet in **block capitals** using **black ink**

TNAME MEDICAL

T: 0333 321 9080
3A Opal Court.
Eastlake Park,
Fox Milne,
Milton Keynes
MK15 0DF

Please fax to: 01908810248 or email: timesheets@tnamedical.co.uk

Agency Worker Details:

Forename(s):	Grade:	Hospital:
Surname:	Speciality:	Ward/ Department:

Working hours:

Day	Date	Booking Ref	Start Time (24hrs)	Finish Time (24hrs)	Break end (24hrs)	Total Hours After Breaks	Daily Authorised Signature for Worked Hours
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Total Hours							

Agency Worker 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 detailed 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 this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I declare that I am fit to work & that I will promptly inform the Company if this does or is likely to change. I have received an induction and orientation by the Client for this assignment, including details of any onsite health & safety requirements, fire safety and access to personal protective equipment. I confirm that I am responsible for monitoring my hours of work in relation to the Working Time Regulations. I have read, understood and agree to the Terms of Engagement supplied to me by the Company.

Agency Worker <input checked="" type="checkbox"/>	Date:
Signature:	

CLIENT SECTION ONLY

Placement assessment. Please ✓ as appropriate.	N/A	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
Clinical skills in line with needs of position						
Relationships with patients & staff						
Timekeeping						
Managing workload						
Reliability						
Communication skills						
Supervisory skills						
Organisational ability						
Sickness/absence record						
Overall clinical & professionals performance						

Weekly Hours Authorised by the Client:

Client declaration: I am an authorised signatory for my ward/department/Company/NHS body. I am signing to confirm that the Job Title and Band (where applicable) of the Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. 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 this form to and by the NHS body and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I acknowledge that the standard terms of business or other terms of business as stated on the Confirmation of Booking have been made available to me and are accepted and that an introduction fee may be chargeable should a transfer of the Agency Worker either to direct/permanent employment or engagement by a third party occur.

NHS Fraud & Corruption Line: Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you must report any case of fraud in confidence to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).

Print Name:	Position:
Client Signature: <input checked="" type="checkbox"/>	Date: