

Personal Details			
Nurse's Name		Band/Speciality*	
Department/Ward		NMC Pin	
Hospital/Trust			

It is important that you submit your timesheet to Medical Locums Group within 30 days of working your shift to avoid any disruptions to payroll.

Day	Date	Start Time	Break Hrs/Mins	Finish Time	Total Hrs Exc. Breaks
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
			<b>Total Hours</b>		

Please confirm that the above candidate undertook an induction orientation at this assignment. Yes  No

Please confirm that the above candidate was present with a valid ID badge at their assignment. Yes  No

Feedback					
Please tick the box that reflects your views on this candidate	Excellent	Good	Average	Poor	Any Additional Comments
General clinical skills & knowledge					
Attitude towards other professionals					
Attitude towards patients					
Appearance					
Professionalism and conduct					
Would you be happy to receive this nurse again?					

**To be completed by the agency worker (you):**

I declare that the information I have given on this form is correct 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 to 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:

**To be completed by the authorised Trust/Hospital signator:**

I confirm that I am signing to confirm that both the grade of 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 time to time to 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.

First & Last Name:

Position:

Authorised Signature:

Date:

Please send to [timesheets@medical-locums.co.uk](mailto:timesheets@medical-locums.co.uk) / 01908 483 989

