



# TIMESHEET

<b>FULL NAME:</b>	<b>Grade &amp; Specialty:</b>	<b>NMC Number:</b>
<b>Hospital/Trust:</b>	<b>Dept:</b>	<b>Ward:</b>

Standard Hours	DAY	DATE	START TIME (24 Hours)	END TIME (24 Hours)	BREAK TAKEN (24 Hours)	HOURS WORKED	BOOKING REFERENCE	FOR CLIENT USE	
								AUTHORISED SIGNATURES NAME (PLEASE PRINT)	AUTHORISED SIGNATURE
	Mon								
	Tue								
	Wed								
	Thu								
	Fri								
	Sat								
	Sun								
<b>Total Hours Worked</b>									

Placement Feedback			
Please rate as, Excellent (E), Good (G), Satisfactory (S), Poor (P).			
Clinical Skills demonstrated in line with the requirements of the position		Reliability	
Relationships with patients, other healthcare workers and the public		Supervisory Skills	
Timekeeping and management of the workload		Sickness/Absence record	
		Communication skills	
		Organisational ability	
		Patient and other records management	

Worker Declaration	Authorised Signatory
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 Authority, other Public Sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud). I confirm that Induction and orientation was given at the beginning of the placement.	I am an authorised signatory for my Ward/Department/NHS/Public sector body/Private sector body. I am signing to confirm that the Job profile Title and Band/Grade of Temporary Workers 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 Authority, other Public Sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud). Any questionable timesheets must be immediately brought to the attention of the Local Counter Fraud Specialist (withing England) or you may have to report any case of fraud, in confidence, to the NHS/Crimestoppers Fraud and Corruption Reporting Line - on 0800 028 4060 I confirm that Induction and orientation was given at the beginning of the placement.

<b>Print Name:</b>	<b>Print Name:</b>	<b>Sign:</b>
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**Sign:**

**Date:**

**Position:**

**Date:**

HoneyDew Healthcare Limited