

Timesheet (Nursing)



NMC Number	Booking Ref / PO No. (If Applicable)		
Nurse Name	Client Name		
Grade / Band	Week Ending	Ward	

	Date	BASIC HOURS			
		Start Time	End Time	Break	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL		TOTAL WEEK BASIC HOURS 'MINUS' THE TOTAL WEEK BREAKS			

HAVE YOU RECEIVED HOSPITAL INDUCTION? Yes No

TOTAL WEEKS HOURS TO BE PAID

Nurse 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 CFMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature Date

Assessment Form (Trust / Hospital - We Value your feedback, please can you complete the assessment form below.)

Period of Employment

As part of our follow-up after care programme, we would greatly appreciate it if you could provide us with a follow-up assessment for the nurse's time spent at this hospital. Please note that this information may be used as a reference for future locum placements. Please tick the box which most reflects your view on the candidate.

	Excellent	Good	Average	Poor
Attitude				
Clinical Skills				
Communication				
Knowledge				
Professionalism				
Relationships				
Reliability				
Timekeeping				

Additional comments

Future Employment Would you be happy to receive this nurse again for a locum position? Yes No

Client I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the Job Profile Title and Band of Locum Nurse 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 CFMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Client Signature Print Name

Date Position Total Approved Hours for Client Pay ___ Hrs (Client signatory to complete)

Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may 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).