

Recruiters name:

Agency worker's name:

Job title:

Band/Grade:

Trust/Hospital:

Ward/Department/Cost Centre:

Reporting to:



Timesheets must be received no later than mid-day MONDAY.

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	DATE D M Y	START TIME	FINISH TIME	LENGTH OF BREAK	HOURS WORKED	BOOKING REF NO.	AUTHORISED SIGNATURE	PRINT NAME (BLOCK CAPS)	DATE D M Y
MON	: :								: :
TUE	: :								: :
WED	: :								: :
THU	: :								: :
FRI	: :								: :
SAT	: :								: :
SUN	: :								: :
Total hours:									

Clinical/Professional Assessment 1-5 (1 = POOR, 5 = EXCELLENT)

Are able to provide a full range of care to patients	1 2 3 4 5
Ability to organise work within guidelines and professional boundaries	1 2 3 4 5
Appropriate skills for ward/department	1 2 3 4 5
Willingness to work as part of the shift team	1 2 3 4 5
Uses initiative and experience to make the right decisions	1 2 3 4 5
Maintains legible and accurate records	1 2 3 4 5
Punctuality and reliability	1 2 3 4 5
Appearance	1 2 3 4 5
Relationships with patients	1 2 3 4 5
Relationship with colleagues	1 2 3 4 5
Demonstrates clinical competence	1 2 3 4 5
Would you be prepared to have this agency worker back?	1 2 3 4 5

To be completed by Agency Worker

TO BE READ BY ALL HEALTHCARE PROFESSIONALS: 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 NHS Protect (NHS CFSMS) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature:

Print name:

☐ I can confirm I have received a suitable client induction prior to commencing this assignment. PLEASE TICK

Declaration: I confirm I have worked the above hours. In addition, I declare that any travel and subsistence costs I have claimed have been necessarily incurred in the performance of my duties of travelling in order to perform my duties with Medico Staffing at temporary workplace. I also declare that any laundry costs I have claimed have been incurred by me wholly, exclusively and necessarily in the performance of my duties.

To be completed by Head of Dept/Authorised signatory

I agree to the above named person(s) worked hours shown above and by signing the timesheet we agree to pay your account in accordance with your terms of business. I am an authorised signatory for this Customer. I am signing below to confirm that both the grades and the hours/shifts that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud. I understand that a further copy of your terms of business are available on request.

Signature:

Print name:

Position:

Date:

Declaration: We confirm that the hours and grade/band shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by the terms and conditions of business.