



PLEASE EMAIL TIMESHEET WEEKLY TO: nursing@medtemps.co.uk

Personal information (Please complete in **BLOCK CAPITALS** and black ink; NO PHOTOS)

First Name: **Surname:**

Job Title: **BAND:**

Hospital/ Trust: **Ward/ Dept (Cost Code):**

Day:	Date:	Start Time:	Breaks taken (min/hr):	Finish Time:	Total Hours:	Booking Ref. No.	Ward/ Dept (Cost Code):	Approved signature:
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								

Total Hours in Figures:	Total Hours in Words:
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Notes: (1) To ensure payment, this Timesheet MUST BE received by 12pm Tuesday of the following week. **(2)** Medtemps holds no responsibility if the Trust refuses to pay despite the approval.

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.

Locum's Name: **Signature:** **Date:**

TRUST AUTHORISATION- I am an authorised signatory for my ward/department/ NHS body. I am signing to confirm that both the grade of Locum 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 CFMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Authorised Approver Name:

Job title: **Signature:** **Date:**

Induction & Orientation Training Completed? YES NO

Details of the NHS Fraud and Corruption Reporting Line: 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 at 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).

CLINICAL/ CHARACTER ASSESSMENT: Please assign one of the following: G: Good S: Satisfactory U: Unsatisfactory To share your feedback with us please email: NURSING- nursing@medtemps.com

QUESTIONS	G / S / U	QUESTIONS	G / S / U
Is a able to provide a full range of care to patients and their family		Punctuality and reliability	
Ability to organise work within guidelines and professional boundaries		Appearance	
Demonstrates clinical competence		Relationship with patients	
Uses initiative and experience to make the right decisions		Relationship with colleagues	
Maintains legible and accurate willingness to follow hospital procedure records		Would you be prepared to have this healthcare worker in the Ward/ Dept? YES/ NO	