iD MEDICAL NURSES

Timesheet - To be completed by agency worker

Email this completed form to payrollnursing@id-medical.com

When completing this form please: Only use black ink. Obtain authorised signatures for all the shifts you have worked. Complete one timesheet for each week worked. If the hospital deducts breaks and breaks are worked, this must be signed off by an authorised signatory on each line.
Please fully complete this form and return a copy to the ward manager and a copy to ID Medical (fax: 01908 552 298 / email: payrollnursing@id-medical.com).

Personal Information

First name*

Surname*

Candidate number*

Band*

PO number/Contract ref.*

Hospital*

Ward*

Day	Date*	Shift start time*	Shift finish time*	Break Start time*	Break finish time*	Breaks total* (hours/minutes)	Total hours* (hours/minutes)
Monday		.... :	.... :	.... :	.... :	..........H ....M	..........H ....M
Tuesday		.... :	.... :	.... :	.... :	..........H ....M	..........H ....M
Wednesday		.... :	.... :	.... :	.... :	..........H ....M	..........H ....M
Thursday		.... :	.... :	.... :	.... :	..........H ....M	..........H ....M
Friday		.... :	.... :	.... :	.... :	..........H ....M	..........H ....M
Saturday		.... :	.... :	.... :	.... :	..........H ....M	..........H ....M
Sunday		.... :	.... :	.... :	.... :	..........H ....M	..........H ....M
						Weekly total*	..........H ....M

☐ **Please confirm whether the hospital induction has been completed***

If not, please specify why ....

To be completed by the agency worker (you)

I declare that the information 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 to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Agency worker signature*

Date*

Client Feedback Form (Trust/hospital - please complete below if you are happy or in a position to assess this agency worker)

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 agency worker's time spent at this hospital. Please note that this information may be used as a reference for future temporary positions. Please tick the box which most reflects your view on the candidate.

	Excellent	Good	Average	Poor
General Clinical Skills				
Specialty Clinical Skills				
Clinical knowledge				
Attitude towards other professionals				
Attitude towards patients				

	Excellent	Good	Average	Poor
Relationship with patients				
Relationship with colleagues				
Appearance				
Professionalism and conduct				

Additional Comments

Future Employment*
Would you be happy to receive this agency worker again?

Yes ☐ No ☐

Authorised Trust/hospital signatory

I confirm that I am an authorised signatory for my ward/department/NHS body. 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 this form to and by the NHS body of the NHS CFSMS in England (or NHS CFS in Scotland)for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Cost Centre

First name*

Surname*

Position*

Date*

Authorised signature*

All fields marked with * are mandatory and must be completed correctly to avoid the timesheet being rejected. 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).