

TIMESHEET

Email: acutetimesheets@medicalstaffing.co.uk | FAX 01582 647 805
 Post to: Medical Staffing Limited, Jansel House, Hitchin Road, Luton, LU2 7XH TIMESHEET DEADLINE – Sunday 23.59

First Name : _____

Band : _____

Trust : _____

Surname : _____

Hospital : _____

NMC Number : _____

Speciality : _____

Ward : _____

To be completed by the Nurse. Please note that we can only accept one timesheet per shift for each organisation.

	Date	Booking Ref Number	Start Time	Finish Time	Break Start Time	Break Finish Time	Feedback on Nurse 1 to 5 (5 being excellent) please circle.
Monday							1 2 3 4 5
Tuesday							1 2 3 4 5
Wednesday							1 2 3 4 5
Thursday							1 2 3 4 5
Friday							1 2 3 4 5
Saturday							1 2 3 4 5
Sunday							1 2 3 4 5
Total							

Authorisation Signature:

Print Name

Date

Position of Authorised Signatory

I am an authorised signatory for my Ward/Department/NHS body. The candidate had a full induction on the ward including fire protocols and emergency procedure. I am signing below to confirm that both the grade of Agency Worker 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 this disclosure of information from this form to and by the NHS Body, Agency and the NHS Counter Fraud and Security Management Service or any other relevant Authority for the purpose of verification of this claim and the investigation, prevention, detention and prosecution of fraud.

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 this disclosure of information from this form to and by any Medical Staffing authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Agency Nurse Signature

NHS Fraud & Corruption Line

Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you must 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)

ADDRESS

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CONTACT

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