TIMESHEET

nurselink

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.

All completed Timesheets must be submitted by **12 PM on Monday**

Post Nurselink ltd, 32a Stoney Street, Nottingham, NG1 1LL

Email timesheets@nurselink.co.uk **Fax** 0115 839 0299

First name

Surname

Job title

Band/ Grade

Contract Number/Trust order Number

Name of Hospital/Care Home

Ward/Unit

ENTER DETAILS OF HOURS WORKED

Day	Date	Start time (24 hours)	Finish time (24 hours)	Breaks Taken	**Hours Worked** (Excl breaks taken)	Booking Reference Number / notes	Authorised Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
			WEEKLY TOTAL HOURS (excl. breaks)				

TO BE COMPLETED BY AGENCY WORKER

I declare that the above information is correct and complete and that I have not made any other claim for the hours/shifts detailed on the Timesheet. I understand that If I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and/or civil recovery proceedings.

Staff Signature

Date

TO BE COMPLETED BY CLIENT

I am an authorised signatory of the above named Client I am signing to confirm that the Job Profile Title and Grade of the Agency Worker and the hours/shifts 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 the information from this form to and by any Nurselink limited authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

First name

Surname

Position

Authorised signature

Date

CLIENT FEEDBACK FORM

Please mark as appropriate, providing additional comments in support of the statements made

	Very Good	Good	Average	Weak
Clinical Skills				
Communication Skills				
Relationship with patients /residents				
Relationship with colleagues				
Record keeping				

	Very Good	Good	Average	Weak
Timekeeping/ Punctuality				
Appearance				
Professionalism and conduct				
Helpfulness				

Additional Comments

Future Employment*

Would you be happy to receive this agency worker again?

Yes ☐ No ☐