

# Timesheet



MEDICAL WING  
LOCUMS

0118 370 5000

[www.medicalwinglocums.co.uk](http://www.medicalwinglocums.co.uk)

Please be sure to email the completed timesheet to [timesheets@medicalwinglocums.co.uk](mailto:timesheets@medicalwinglocums.co.uk)

**DEADLINE FOR TIMESHEETS IS MONDAY 10:00am**

Scanned Copies only – NO PHOTOS ACCEPTED

<b>Locum Name:</b>	<b>Hospital/ Client:</b>
<b>Position:</b>	<b>Address:</b>
<b>Week Ending Sunday:</b> /     /	<b>Ward/ Department:</b>
<b>If first time in the department, induction Completed? Please Tick:</b> <input type="checkbox"/>	<b>Signature:</b> _____

Day	Date	Start Time (24 Hour format)	Finish Time (24 Hour format)	Break	Total Hours	Booking Reference Number	Client Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
<b>Total hours worked this week</b>					<input style="width: 50px; height: 20px;" type="text"/>		

<b>Feedback Form</b> (client to complete please)	Excellent	Good	Satisfactory	Unsatisfactory
Placement assessment (Tick as appropriate)				
Clinical and professional performance				
Punctuality and reliability				
Uses Initiative and demonstrates clinical competence				
Relationship with patients and colleagues				

## Candidate Declaration

I declare that the information I have given on this form is correct and complete and 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 formal action, and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure and information from this form to and by the NHS Body, NHS CFSMS, Public Sector bodies and Private entities who have a similar requirement and Counter Fraud Services (or other similar organisations which operates in the same capacity for any other private or Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Print Name: .....

Signature: ..... Date:     /     /

## Authorised Signatory

I am an authorised signatory for my ward/department/NHS/Private sector body. I am signing to confirm that both the grade of Locum 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 formal 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 CFSMS, other Public Sector body and Private entities who have a similar requirement and the Counter Fraud Services (or other similar organisations which operates in the same capacity for any other private or Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Print Name: ..... Position .....

Signature: ..... Date:     /     /