

If we can't read your timesheet, it will delay your pay. Use CamScanner to send us a clear copy first time

Timesheet No.

FP

<p align="center">Workers Name (print)</p> <p>Name: _____</p> <p>Job Title/Specialisation: _____</p> <p>Grade/Brand: _____</p>	<p align="center">Client Details (complete name and address)</p> <p>Hospital/Organisation: _____</p> <p>_____</p> <p>Ward/Department: _____</p>
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Registered address:
Solar House, 1-9 Romford Road, London, E15 4LJ

Please use 24-hour clock and enter reference numbers

Day	Date	Start Time	Finish Time	No Of Hours	Break Start Time	Break Finish Time	Hours Worked	Reference Number	Client Signature
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									

Total Hours worked:

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 / Crimestoppers Fraud and Corruption Reporting Line on 0800 028 4060.

NHS TRUST ONLY					
Placement assessment. Please ✓ as appropriate	N/A	Un-satisfactory	Satisfactory	Good	Excellent
Communication skills					
Organisational ability					
Supervisory skills (if applicable)					
Timekeeping and management of workload					
Reliability					
Patient and other records management					
Clinical skills demonstrated in line with the requirements of the position					
Relationships with patients, other healthcare workers and the public					
Overall clinical & professional performance					
Additional comments in support of the statements made					

Workers declaration and confirmation of hours

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 termination of assignment 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 Authority, other Public Sector body and Private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Also, by signing this timesheet I can confirm that I am in good health and fit to practice. I will promptly inform Firstpoint if this changes. I can confirm that I am not claiming any sick pay from any employer.

Print Name:..... Signed..... Date

Client declaration, approval of hours and payment

I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band/Grade of Temporary Workers 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 information from this form to and by the NHS other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Print Name:..... Signed..... Date Position Held.....