

If we can't read your timesheet, it will delay payment. Use CamScanner to send a clear copy first time and E-mail TSCEN@firstpointhealthcare.com

Timesheet No.

FP

Workers Name (print)

Name: _____

Job Title/Specialisation: _____

Grade/Brand: _____

Client Details (complete name and address)

Hospital/Organisation: _____

Ward/Department: _____



HEALTHCARE
Registered address:

Kingston House, Towers
Business Park, Wilmslow
Road, M20 2LD

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	Client Print Name	Date Signed
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											

**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.”

Total Hours worked:

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

v9 2023

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					
Competent in role					
Additional comments in support of the statements made					

Worker Only

I can confirm I had an induction on this ward on the/...../.....