

City Carers Timesheet

Agency Worker's Name		220 Church Road, London, NW10 4TR Telephone: 020 8432 3283 E-mail: info@citycarers.com Website: www.citycarers.com
Job Title		
Band/Grade		
Client/Home/Hospital		
Ward/Department		
Reporting to		

Timesheets must be received completed and fully signed as appropriate no later than Sunday by fax, e-mail or post.

	Date	Start	Finish	Start	Finish	Hours	Authorised	Print
	DD/MM/YY	Time	Time	Break	Break	Worked	Signature	Name
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Clinical/Professional assessment Please e-mail feedback to feedback@citycarers.com	Is able to provide range of care to all patients Appropriate skills for home/ward/department Ability to organise work within guidelines and professional boundaries Willingness to work as part of a team as required Maintains accurate records as required Has relevant experience and uses initiative to make good decisions Is punctual and reliable Is of professional appearance at all times Relates well with patients and fellow workers Is of good clinical competence Would you be willing to have this agency worker back?
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To be completed by Head of Department/Authorised signatory
TO BE READ BY ALL HEALTHCARE PARTNERS:
 I am an authorised signatory for my ward/department/organisation. I am signing to confirm that both the grade of the agency 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 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 relevant bodies such as NHS Protect for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Any questionable timesheet must immediately be brought to the attention of the agency management or relevant fraud prevention agencies. The NHS Fraud and Corruption reporting line is 0800 028 4060 or e-mail: nhsfraud@nhsprotect.gsi.gov.uk.

Signature

Print Name

Position

Date

Declaration: We confirm that the hours and grade/band shown on the timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by the terms and conditions of business as agreed.

To be completed by agency worker
TO BE READ BY ALL HEALTHCARE PROFESSIONALS:
 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 the disclosure of information from this form to and by the relevant bodies, NHS Body, NHS Protect (NHS CFSMS) for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud.

Signature

Print Name

Declaration: I confirm I have worked the above hours. In addition I declare that any travel and subsistence costs that I have claimed have been necessarily incurred in the performance of my duties of travelling in order to perform my duties with City Carers at designated workplace. I also declare that any laundry costs I have claimed have been incurred by me wholly, exclusively and necessarily in the performance of my duties.