

TIME SHEET

Week commencing Monday / /

VISITS & MILEAGE
FORM ATTACHED YES NO

WEB TIME SHEET



Locum Nurse/Social Worker Details

First Name

Last Name

Staff Code Band

Client Details

Client Name / Trust

Location / Hospital

Service / Dept. / Ward

PLEASE TICK
 General
 Psychiatry
 Social Work
 Other

Signature on this time sheet by the client confirms the number of hours worked by the temporary worker and that the client received and agreed to BCS terms of business prior to the commencement of this assignment. Failure to sign the timesheet does not absolve clients of the obligation to pay charges in respect of the hours worked.

DECLARATION BY CLIENT: I am an authorised signatory for my ward/department. I am signing below to confirm that both the staff member's grade and the shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the health body and NHS Protect for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

24 HOUR CLOCK					AUTHORISED BY CLIENT					
Date	Start Time	End Time	Break	Total Paid Hrs (in figures)	Total Paid Hrs (in words)	Band	Booking Ref.	Authoriser Name	Authoriser Position	Signature
Monday / /			Hrs	Hrs						
			Min	Min						
Tuesday / /			Hrs	Hrs						
			Min	Min						
Wednesday / /			Hrs	Hrs						
			Min	Min						
Thursday / /			Hrs	Hrs						
			Min	Min						
Friday / /			Hrs	Hrs						
			Min	Min						
Saturday / /			Hrs	Hrs						
			Min	Min						
Sunday / /			Hrs	Hrs						
			Min	Min						

PERFORMANCE FEEDBACK: (this section is to be completed by the client)

Overall Performance: Excellent Good Satisfactory Unsatisfactory Date _____ Provider Name: _____ Position: _____ Signature: _____

Overall Conduct / Behaviour: Excellent Good Satisfactory Unsatisfactory / / _____

Timekeeping / Reliability: Excellent Good Satisfactory Unsatisfactory / / _____

DECLARATION BY LOCUM: 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. Where applicable I consent to the disclosure of information from this form to and by the NHS body and NHS Protect (NHS CFSMS) for the purpose of verification of this claim and the investigation prevention and prosecutions of fraud. By signing this declaration I agree to the following: 1. I am fit to practice and will inform Beacon Care Services Limited if this changes. 2. I have read and agreed to the Terms of Engagement and Handbook supplied to me by Beacon Care Services Limited. 3. If I have not opted out of WTR 48hr/wk I am responsible for monitoring my own hours. 4. I received orientation and induction by the client for this booking. 5. Authorised timesheets must be received by BCS before midday on the Tuesday following the week in which the above assignments were completed to ensure prompt payment in the same week. 6. Timesheets will only be accepted by the agency were they are received on Fax: 020 8896 9400, e-mail: timesheet@beaconcare.com (Flatbed scan only – No photo/Text/MMS) or by Post.

Signature of Locum:

Date: / /



Please use black ballpoint pen, pressing hard to ensure last sheet is legible. Post, email or fax your completed timesheet to us.

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 Fax: 020 8896 9400 Email: timesheet@beaconcare.com www.beaconcare.com