

Email: timesheets@tnamedical.co.uk Fax: 01908 810 248 Deadline: Daily, 23:59

Forename: _____ Surname: _____ NMC / GMC no.: _____

Trust: _____ Hospital: _____ Ward: _____

Band: _____ Specialty: _____

To be completed by the Nurse / Doctor. Please note that we can only accept one timesheet per shift for each organisation. You can contact us on 03333 052 750.

Day	Date	Booking reference no.	Start time	Finish time	Break start time	Break finish time	Total hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Feedback on Nurse / Doctor, please circle (5 is excellent)	
Induction and orientation training completed?	<input type="radio"/> Yes <input type="radio"/> No
Knowledge, skills, and performance	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Safety and quality	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Communication, partnership, and teamwork	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Maintaining Trust	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Further feedback	
Details of any issues or concerns	
Detail any training needs	

Client signature		Date:	/ / 2023
Print name:		Position / grade:	
<p>I am an authorised signatory for my Ward/Department/NHS Body. The candidate had a full induction on the ward including fire protocols and emergency procedure. I am signing below to confirm that both the grade of Agency Worker and the hours/ shifts 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 NHS Body, Agency and the NHS Counter Fraud and Security Management Service or any other relevant Authority for the purpose of verification of this claim and the investigation, prevention, detention, and prosecution of fraud.</p>			

<p>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 this disclosure of information from this form to and by any Celsus Group, or its group companies authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I have had a full induction on the ward including practical fire protocols and emergency procedure.</p>	
Agency nurse / doctor signature:	
<p>NHS Fraud & Corruption Line Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist, or you must report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).</p>	