Nurses / HCA Timesheet

ONCE HEALTHCARE

Email to: info@oncehealthcare.com
Company No. NI727513

Name: _____ Ward/Unit: _____

ID Number: _____ Name of Hospital/ Care Home: _____

Band/Designation: _____ Cost code: _____

Week Ending: _____

Disclaimer: Blurry copy of timesheets will not be paid.

Days of the week	Date dd/mm/yyyy	Start time	Finish time	Total hours worked	Reference no.	Name of Authorised Signatory	Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

To be completed by Agency Worker:

I can confirm that the information I have provided is correct and complete and I have not claimed elsewhere for the hours and/ or shifts detailed on this timesheet. I understand that in providing false information, I may be liable to receive disciplinary action or prosecution and civil recovery proceedings.

Signature: _____

Date: _____

I can confirm that I have undertaken the client/NHS Trust/Care Homes induction and orientation prior to the commencement of my first shift started on this timesheet.

Yes ☐ No ☐

To be completed by Authorised Signatory:

Candidate Assessment

	Excellent	Good	Satisfactory	Poor
Clinical Knowledge	☐	☐	☐	☐
Attitude	☐	☐	☐	☐
Time Keeping	☐	☐	☐	☐
Relationships with colleagues	☐	☐	☐	☐
Relationships with patients	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐

Do you have any concerns regarding the candidate?

Yes ☐ No ☐

If yes please contact *info@oncehealthcare.com* or write your comments in the box below.

Signature: _____ Date: _____

Date revised: 4 August 2025