Vulcan Healthcare

Vulcan Healthcare Locum Time Sheet

☐ Locum Induction Completed

Week ending date: /   /   (DD/MM/YY)

Candidate Name:		Department:	
Client:		Job role/band:	

	Date	Shift Start	Break Start	Break End	Shift End	Actual Hours	PO No Client use only
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
*Please note breaks may be deducted subject to client policy					Total hours:		

I confirm that I have worked | Write number of hours: |

Mileage (Community roles only, postcodes required.)

CANDIDATE

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 NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that I have been inducted in line with the trust local procedures and policies and that I have been made aware of and given all relevant access to my Day 1 rights. *Please Sign below if you have read and understand/agree with the above statement.*

Agency Worker Name:	Position:
Agency Worker Signature:	Date:

Total Mileage:

To be completed by client:

Please rate how the agency worker performed this week	Poor	Average	Good	Excellent
Skills demonstrated in line with the position				
Time keeping skills				
Reliability				
Communication skills				
Punctuality				
Organisation skills				

CLIENT

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of 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 NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that the above mentioned doctor has been made aware of all our trust policies and procedures and has been inducted accordingly, we have also made them aware of their Day 1 rights and given them the relevant access.

Client Name:		Position:	
Client Signature:		Date:	