

Candidate Name:

Job title: Grade:

Client Name: Ward:

	Date	Start Time	Finish Time	Break	Hours worked (excluding break)	Reference Number
Monday		:	:		:	
Tuesday		:	:		:	
Wednesday		:	:		:	
Thursday		:	:		:	
Friday		:	:		:	
Saturday		:	:		:	
Sunday		:	:		:	
Total		:	:		:	

Tick here to confirm that you have completed an induction provided by the Client

I declare that the information provided is accurate. I understand that any falsification on this document may lead to prosecution. I consent to the disclosure of the information on this form to be shared with counter fraud services or any other similar bodies.

Agency worker signature:

Date signed:

As part of our ongoing commitment to improve candidate quality to your facility please fill in the below information as an assessment on our Agency worker. This information may also be used as a reference for the Candidate in the future.

	Excellent	Good	Average	Poor
Ability to work as part of a team				
Record Keeping				
Clinical Ability				
Timekeeping				
Ability to work under pressure				
Level of patient care				
Infection Control				

I confirm that I am an authorised signatory on behalf of the ward/department. I am signing to confirm that the information on this timesheet is accurate and approved for payment. I consent to the disclosure of the information on this form to be shared with counter fraud services or any other similar bodies.

Signatory Name:

Job title: Date:

Signature:

If you would like any more help or assistance please call 01483 362000. In addition, if you would like to work in partnership with us please e-mail nursing@pronursing.co.uk