

**Section 1 – Please print details in block capitals:**

**Candidate Details:**

First Name		Last Name	
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**Client Details:**

Site Name		Client Contact	
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**Section 2 – To be completed by the Candidate ONLY:**

	Date	Start	Finish	Home Visits Completed	Total Hours Completed	Expenses
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>TOTALS</b>						

**Candidate Terms and conditions:**

I declare that the information I have given on this timesheet form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand clearly that if I knowingly provide false information this will 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 from by any Winlight Recruitment authorised body for the purpose of the verification of this claim and investigation, prevention, detection and prosecution of fraud.

**Section 3 - To be completed by the Client – Authorised Staff Only.**

**Client Terms and conditions:**

I am an authorised signatory of the above and named client. I am signing to confirm that this timesheet of the above worker and hours completed is correct and that the timesheet is accurate and I approve payment for this shift. I understand that if knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. consent to this disclosure of information from this form to and from by any Winlight Recruitment authorised body for the purpose of the verification of this claim and investigation, prevention, detection and prosecution of fraud.

<b>Candidate Authorisation</b>	
Name:	Signed:
Position:	Date:
<b>Client Authorisation</b>	
Name:	Signed:
Position:	Date:

