

Please complete this form in CAPITAL letters and ensure all fields are completed. Please ensure the shift date corresponds with the correct day. The start and finish time, break, hours worked and total hours must be completed. If you did not take a break please write 0. Please use the 24-hour clock and ensure hours are calculated correctly. Failure to comply with our timesheet guideline may result in delayed payment. Please send completed timesheets to timesheets@cromwellmedical.com.

First Name												Last Name											
Hospital																							
Ward						Job Title						Band											

Date	Start Time	Finish Time	Break	Hours Worked (Excluding Break)	Reference Number
Monday	:	:	:	:	
Tuesday	:	:	:	:	
Wednesday	:	:	:	:	
Thursday	:	:	:	:	
Friday	:	:	:	:	
Saturday	:	:	:	:	
Sunday	:	:	:	:	

Please confirm that you have had an induction in the trust which included local fire safety

The timing of payment for properly completed time records depends on whether you work as PAYE, through an umbrella company or a personal services company. For details of the payment cycle, please refer to Appendix A of the ICG Medical Temporary Worker Handbook. Guidelines for timesheet completion may also be found in Appendix B of the Handbook.

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 the disclosure of information from this form to and by the Authority, other Public Sector body and Private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Agency worker signature

Date

Client Feedback Form (Please complete the below feedback form assessing this agency worker)

As part of our after care procedure, we would greatly appreciate if you could provide us with a follow up assessment for the agency worker's time spent at this hospital. Please note this information may be used as a reference for future temporary positions. Please tick the box which most reflects your view of the candidate.

	Excellent	Good	Average	Poor
Clinical skills suited to assignment				
Report concerns / issues to shift leader				
Record keeping				
Infection control standards				
Does not exceed limitations / boundaries				

	Excellent	Good	Average	Poor
Organisation skills				
Ability to cope under pressure				
Communication skills				
Timekeeping				
Ability to work as a team				

Additional Comments	<p>Future Employment</p> <p>Would you be happy to receive this agency worker again?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>Authorised trust/hospital signatory</p> <p>I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band/Grade of Temporary Workers 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 other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p>	<p>First Name <input style="width: 100%;" type="text"/></p> <p>Last Name <input style="width: 100%;" type="text"/></p> <p>Position <input style="width: 100%;" type="text"/></p> <p>Date <input style="width: 100%;" type="text"/></p>
<p>Authorised Signature <input style="width: 100%; height: 30px;" type="text"/></p>	