PLEASE WRITE IN CAPITAL LETTERS AND USE 24 HOUR FORMAT

Link Direct Care Ltd
1st Choice Care Agency

Please email Timesheets weekly to: .
admin@linksdirectnursing.co.uk or
T: 07545 058937

First Name:	Last Name:
Job Title:	Band:
Hospital/ Trust:	Ward/Dept:

DAY	DATE	START TIME	BREAK TAKEN	FINISH TIME	TOTAL HOURS	BOOKING REFERENCE	AUTHORISED SIGNATURE
MON							
TUE							
WED							
THUR							
FRI							
SAT							
SUN							

Total Hours:	Total Hours in Words

I declare that the information given on this form is correct and complete, I have not claimed it elsewhere for the hours/ shifts declared on thistimesheet. I understand that, if I knowingly provide false information this may result in disciplinary action and I will be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from thisform to and by NHS CFSMS for the purposes of the verification of this claim and investigation, prevention, detection and prosecution of fraud.

- To ensure payment on Friday,this timesheet must be received by 12:00 hrs Monday of the following week.
- Timesheets without booking reference/ PO will not be processed
- In order for the timesheet to be paid, an authorised signature and name MUST be present in the lastcolumn AND BOTTOM OF THE PAGE for the corresponding shifts. Link Direct Care Ltd holds no responsibility if the trust refuses to pay despite the approval.

TRUST AUTHORISATION: I am an authorised signatory for my ward/ department/ NHS body. I am signing to confirm that both the grade of Locum and the hours/shifts that I am authorising are accurate and I approve the 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 disclosue of information from this form to and by the NHS body and the NHS CFSMS in England (or NHS CFS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution fraud

Induction and Orientation Training Completed? ☐ Yes ☐ No

Assessment	Poor	Satisfactory	Good	Notes
Scientific Knowledge & Clinical Skills				
Professionalism & Conduct				
Communication				
Leadership &Initiative				

Locum's Name Signature: Date:

Authorised Approver's Full Name: (IN BLOCK CAPITALS) Signature: Date: