

This must be posted or handed in at the Head Office address (above) by 2pm on Monday in order to facilitate payment. Please press firmly with black ballpoint pen.

Hospital/Home			
Address			
Telephone No.		Booking Ref. Number	
Name of Ward		Type of Ward	
Staff/Nurse Name		Qualification / Post	
Employee No		Week Ending (Sunday)	

Day rate and night rate hours may vary from client to client. Saturday, Sunday, Bank Holiday, Christmas Day and Christmas Eve rate hours may also vary from client to client. Please check with A-A Quality Care Ltd as to which shift pattern applies before accepting an assignment.

Hospital/Home	DATE E.G 01/07/16	START TIME E.G. 08:00	FINISH TIME E.G. 16:00	NUMBER OF HOURS	BREAK TIME	TIME WORKED	GRADE OR TYPE	AUTHORISED BY
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total Hours								

Total Pay Hours in Word (Excluding Breaks)	
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**Feedback / Reference Form (For Client Only) - please tick appropriate boxes below**

Poor - 1 Satisfactory - 2 Good - 3 Excellent - 4 Unable to comment n/a

Type	1	2	3	4	n/a	Comments
Clinical Skills						
Clinical Knowledge						
Organisational Skills						
Management Skills						
Willingness to Learn						
Contribution to the department						
Punctuality						
Reliability						
Self Motivation						

Were there any concerns or issues with the worker?	<input type="radio"/> Yes <input type="radio"/> No
Would you be happy to have the candidate back?	<input type="radio"/> Yes <input type="radio"/> No
Induction Completed by Client (only applies to first shift)	<input type="radio"/> Yes <input type="radio"/> No

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 0284060. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line.

**PLEASE SIGN AND RETURN THE WHITE COPY TO A-A QUALITY CARE LTD, BLUE COPY TO BE KEPT BY THE TEMP.**

**Approved Signatory**

I am an authorised signatory for this customer. I am signing below to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

Signed by \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

**Candidate Working**

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/days detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and the civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer 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.

Signed by \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_