



Send to:
Twenty Four Seven,
2 Grove Promenade,
Ilkley, LS29 8AF

For payroll enquiries
Email: timesheets@247nursinguk.com
call: 0333 121 4247
Fax: 01943 604800

Copies: White + Pink - send to office Yellow - worker copy Blue - leave with client

Candidate Name	Location
Client Name	Department/ Ward
Grade/ Specialty	Week Ending Date (Sunday)
Reporting to	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Reference Number	Date	Start Time	Start Break	End Break	End Time	Total Break Deduction	Total Hours Worked	Client Signature
e.g.	1012345678	01/01/2018	08:00	13:00	14:00	21:00	1 hour	12.0	example
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Total Hours									

Client Feedback – Please tick as appropriate	N/A	Unsatisfactory	Satisfactory	Good	Excellent
Clinical Skills					
Clinical Knowledge					
Organisational Skills					
Management Skills					
Reliability					
Communication Skills					
Attitude					
Relationship with Patients and Staff					

Candidate Declaration

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 for prosecution and civil proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purposes of verification of this claim and the investigation, prevention, detection and prosecution of Fraud.

Signed..... Print Name.....

Position Date.....

Mileage (qualifying non NHS clients)

Days @ miles per day @ 35 pence per mile over 20 mile round trip.

Client Authorisation

PLEASE CHECK TIMESHEET IS CORRECTLY FILLED OUT IN FULL BEFORE SIGNING .

I am an authorised signatory for my ward/department and I am signing below to confirm that the above named agency worker is correct, the date/times/shift and ward are accurate and I approve payment. I understand that if knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purposes of verification of this claim and the investigation, detection and prosecution of Fraud.

Signed..... Print Name..... Position..... Date.....

Any questionable timesheets must be immediately brought to the attention of Local Counter Fraud Specialist (within England) or you may report any case, in confidence to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England).