<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Date</th>
<th>Start Time</th>
<th>Start Break</th>
<th>End Break</th>
<th>End Time</th>
<th>Total Break Deduction</th>
<th>Total Hours Worked</th>
<th>Client Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g.</td>
<td>01/01/2018</td>
<td>08:00</td>
<td>13:00</td>
<td>14:00</td>
<td>21:00</td>
<td>1 hour</td>
<td>12.0</td>
<td>example</td>
</tr>
</tbody>
</table>

**Client Feedback** – Please tick as appropriate

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

**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.

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).