NUTRIX PERSONNEL LTD

Each timesheet must have a UNIQUE reference number or it will not be accepted.

Timesheet Ref No: HW038252

Tel: **0345 260 6280**

Email: timesheets@nutrixmedical.co.uk

**Nutrix Personnel Ltd**

Registered in England and Wales. Registration Number: 11357496

Registered Office: 124 City Road, London, England, EC1V 2NX

| | | | |
|---|---|---|---|
| Hospital / Home | | | |
| Address | | | |
| Telephone No | | | |
| Name of Ward | | Type of Ward | |
| Candidate / Nurse Name | | Qualification / Post | |
| Employee No | | Week Ending (Sunday) | |

Day rate and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client. Please check with your Nutrix Personnel Ltd contact as to which pattern applies before accepting an assignment.

| DAY | DATE e.g. 01/07/17 | START TIME e.g. 08:00 | FINISH TIME e.g. 16:00 | NUMBER OF HOURS | BREAK TIME | TIME WORKED | GRADE OR TYPE | BOOKING REF. NUMBER | AUTHORISED BY |
|---|---|---|---|---|---|---|---|---|---|
| Mon | | | | | | | | | |
| Tue | | | | | | | | | |
| Wed | | | | | | | | | |
| Thu | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |
| Total Hrs | | | | | | | | | |

| | |
|---|---|
| Total Pay Hours in Words (Excluding Breaks) | |

## Feedback / Reference Form (For Client Only)

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? | Yes / No |
| Would you be happy to have the candidate back? | Yes / No |

| | |
|---|---|
| Induction Completed by Client (only applies to first shift) | Yes / No |

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line.

## Approved Signatory

I agree to the above namedp erson(s) worked hours shown above and by signing the timesheet we agree to pay your account in accordance with your terms of business. I understand that af urther copy of your terms of business is available on request.

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 ----------