Nutrix Personnel Ltd
Registered in England and Wales. Registration number: 11357496
Registered office: Bridge House,
25-27 The Bridge,
Harrow, Middlesex,
HA3 5AB

NUTRIX PERSONNEL LTD

Timesheet Ref No:

Contract No: HC038253

Tel: 0330 260 6280
Email: caretimesheets@nutrixmedical.co.uk

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

Please email timesheets weekly to timesheets@nutrixhomecare.co.uk by 12pm Monday in order to facilitate payment. **Please write clearly using a black ballpoint pen.**

Candidate Name	
Employee Number	
Address	
Grade (RN, SNR-HCA, HCA, SW)	
Week Ending (Sunday)	
Client Name	

Hours Worked

DAY	DATE e.g. 01/09/2019	START TIME e.g. 08:00	FINISH TIME e.g. 20:00	HOURS e.g. 12:00	BREAK TIME e.g. 1:00	TIME WORKED e.g. 11:00	GRADE	BOOKING REF. NO.	AUTHORISED BY (SIGNATURE)
Total Pay Hours in Words (Excluding Breaks)									

REFER A FRIEND & EARN £££s

Contact your local branch for more information. (T's and C's apply)

Feedback/Reference Form (for Client Only)

Poor – 1 Satisfactory – 2 Good – 3 Excellent – 4

Type	1	2	3	4	n/a
Clinical Skills					
Clinical Knowledge					
Organizational 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

Approved Signatory

I agree to the above named person(s) worked hours shown above and by signing this timesheet we agree to pay your account in accordance with your terms of business. I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and the hours/days/expenses 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 agree to the Nutrix Personnel Ltd Terms and Conditions that can be found at www.nutrixmedical.co.uk.

Signed by ---------- Print Name ---------- Date ----------

Ref: NH 04/02/2020

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 /expenses 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.

Signed by ---------- Print Name ---------- Date ----------

Ref: NH 02/02/2020