



First Name:		Surname:	
Job Title:		Band / Grade:	
Client:		Ward / Department:	

Day	Date	Duty Start	Duty Finish	Hours	Less Breaks	Hours Payable	Booking Ref
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Sun							

Worker 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 to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Authority, other Public Sector body and Private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud

Name:		Signed
Date:		

Client Authorisation

I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band/Grade of Temporary Workers and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud

Name:		Signed	
Date:		Date:	

Please mark as appropriate, providing additional comments in support of the statements made.	Unable to comment	Poor	Satisfactory	Good	Very Good	Excellent
Clinical Skills						
Relationships with patients						
Timekeeping						
Record Keeping						
Reliability						
Communication Skills						
Supervisory Skills						
Organisational Ability						

Additional feedback can be sent in writing to enquiries@teamsupportthehealthcare.co.uk

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