

Marking Instructions

Using black or blue ink, please write CLEARLY and CAREFULLY inside the boxes using BLOCK CAPITALS, like this

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0



Nestor Healthcare Staffing

Y0000149



Client / Hospital

GOSPORT WAR MEMORIAL

Surname:

Forenames:

Code A

Ward / Unit

DEYAD

Member / Payroll No:

3609747

Home Post Code:

Code A

Qualification:

PCSW

Only Use One Qualification Relevant to Work

Client / Hospital Address

GUMM ANNS MILL ROAD GOSPORT

Client Internal Timesheet No:

Shift Code: 1 = General 2 = Geriatric 3 = Psychiatric 4 = Specialist 5 = Sleeper Shift 6 = On Call Shift In Charge Y N
7 = Call Out 8 = Sitter Shift 9 = Acute & Primary 0 = Acute Child Specialist A = ICU B = Renal C = Midwifery

| Day | Date Month | Year | Hours Worked | | Meal Break | | Meal Break | | Total Hours Claimed | Grade | Shift Codes See Above | Booking Reference Number | Ward Signature | Financial Code (Client use only) or Ward Stamp |
|-----|---------------|------|---------------------|--------|---------------------|--------|------------|------|------------------------|-------|--------------------------|--------------------------|----------------|---|
| | | | Start 24hr Clock | Finish | Start 24hr Clock | Finish | Hrs | Mins | | | | | | |
| 04 | 07 | 05 | 09 | 07 | 01 | 00 | 02 | 30 | 10 | 00 | A | D1 | 1381096 | |
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Total Miles Total Claimed £

Expenses Claimed £ 1000 Total Hours Claimed

CLIENT AUTHORISATION (MUST BE COMPLETED)

TOTAL HOURS TO BE PAID - IN WORDS (To be completed by Client only) - DO NOT USE HYPHENS BETWEEN WORDS

HOURS TEN HOURS MINUTES FIVE MINUTES

Please give your comments including the persons clinical performance during the shift(s) Please (v) Very Satisfactory Satisfactory Unsatisfactory If unsatisfactory, please contact the local branch to discuss training needs.

* It is the responsibility of the Member to ensure this timesheet is correct and complete before leaving the client. * Timesheets must be submitted within two weeks of completing shift.

Code A

Date: 050705

Name: [Handwritten Name]

Position: STAFF NURSE

Signature: Code A

Client Copy

- Please Check the Following
- The shift details claimed on this timesheet are correct.
 - The total hours claimed are correct and the breakdown of those hours are correct.
 - Do you need an internal timesheet? YES
 - Your timesheet has been signed by an authorised person in the Client Authorisation box.
 - You have stated the ward/unit worked on.