

Marking Instructions

Using black or blue ink, please write CLEARLY and CAPSULE 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

+ BNA The British Nursing Association grosvenor THE NURSING SPECIALIST NURSES Mayfair Nestor Healthcare Staffing

Y0013909 +

Client / Hospital

GOSPURT WAR MEMORAL HOSPITAL

Ward / Unit

DRYAD WARD

Client / Hospital Address

GOSPURT WAR MEMORAL HOSPITAL GOSPURT

Surname:

Forenames:

Code A

Member / Payroll No:

3221180

Home Post Code:

Code A

Qualification:

HCA

Only Use One Qualification Relevant to Work

Client Internal Timesheet No:

Shift Code:

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

In Charge Y N

Table with columns: Day, Date, Year, Hours Worked (Start, Finish), Meal Break (Start, Finish), Total Hours Claimed, Grade, Shift Codes, Booking Reference Number, Ward Signature, Financial Code.

Total Miles Total Claimed £ Expenses Claimed £

Hours Minutes Total Hours Claimed 0500

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.

Agency Member Signature

Code A

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 FIVE MINUTES

Please give your comments including the persons clinical performance during the shift(s)

Please Very Satisfactory Satisfactory Unsatisfactory

If unsatisfactory, please contact the local branch to discuss training needs.

- Please Check the Following 1. The shift details claimed on this timesheet are correct. 2. The total hours claimed are correct and the breakdown of those hours are correct. 3. Do you need an internal timesheet? YES 4. Your timesheet has been signed by an authorised person in the Client Authorisation box. 5. You have stated the ward/unit worked on.

Date: 100609

Name: Code A

Position: SW

Signature: M. OSBORN

Client Copy