

NATIONAL HQ: Thornbury House,  
7-9 Whiteladies Road, Clifton,  
Bristol BS8 1NN

Licensed by  
Commission for Social Care Inspection

**TIME SHEET**

PAYROLL LINE: 0845 120 5333  
CREDIT CONTROL: 0845 120 5335  
FAX: 0117 923 9229  
CALL CENTRE: 0845 120 5305

**THORNBURY**  
Nursing Services

E-MAIL: payroll@tnsLtd.com

**VAT EXEMPT**  
**NO VAT**

No. **546055**

|  |               |                                     |   |  |
|--|---------------|-------------------------------------|---|--|
| Name and Address of Client<br><b>GOSPORT WAR MEMORIAL<br/>BURY ROAD<br/>GOSPORT</b>                              | Quals. Worked | (Tick Below)                        | Please comment on the overall performance of this nurse during the shift<br>Please tick (✓)<br>Excellent <input type="checkbox"/><br>Very Good <input checked="" type="checkbox"/><br>Good <input type="checkbox"/><br>Average <input type="checkbox"/><br>Below Average <input type="checkbox"/> | Client Initial here if booked at specialist rates<br><div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> |
|  | RGN           |                                     |   |  |
|  | RSCN          |                                     |   |  |
| Ward or Unit<br><b>DRYAD</b>   | RMN/RNMH      |                                     | If you would like us to contact you regarding the above please tick <input type="checkbox"/>  | Client Signature<br><div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>Code A</b></div>                           |
|  | MIDWIFE       |                                     |   |  |
| Name of Nurse<br><div style="border: 1px dashed black; padding: 5px; display: inline-block;"><b>Code A</b></div> | EMN/ENMH      |                                     | Name: _____   | PRINTED NAME <b>B. THORNBURY</b>   |
|  | E/N           |                                     |   | Contact No.: _____   |
| TNS Nurse Number<br><b>T3010</b>   | AUX           | <input checked="" type="checkbox"/> | NIGHT SITTER  |  |
|  | ON CALL       |                                     |   | Expenses<br><b>18</b> miles  |
|  |               |                                     | First part of Postcode from which journey started<br><b>PO15</b>  |  |

| DAY        | DATE            | START TIME<br>24hr clock | FINISH TIME<br>24hr clock | BREAK (MINS) | FOR OFFICE USE ONLY |                |                |    |
|------------|-----------------|--------------------------|---------------------------|--------------|---------------------|----------------|----------------|----|
|            |                 |                          |                           |              | B                   | P <sub>1</sub> | P <sub>2</sub> | BH |
| <b>MON</b> | <b>18/04/05</b> | <b>2015</b>              | <b>0745</b>               | <b>1 1/2</b> |                     |                |                |    |

**PLEASE NOTE - BREAKS**  
Unless otherwise stated on this timesheet, for shifts up to 6 hours in length no break is deducted. For shifts of 6-6½hrs, 15 minutes. For shifts 6½-9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr. Or as agreed between Agency and Client.

NOTES

NURSES: All timesheets for the week ending Friday must be returned to the office by 12 noon Monday. Top 2 copies to be returned to office, leave back copy with client.  
Thornbury Nursing Services Ltd. Company Number 0444 2573

Nurse's Signature  

**Code A**

NMC PIN