

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

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FAX: 0117 923 9229  
CALL CENTRE: 0845 120 5305

**THORNBURY**  
Nursing Services

E-MAIL: payroll@tnsLtd.com

Licensed by  
Commission for Social Care Inspection

**TIME SHEET**

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

No. 532410

Name and Address of Client <i>FARHAM GOSPOU M.M.S. TRUST GOSPOU WAR HOSPITAL HOSPITAL</i>		Quals. Worked	(Tick Below)	Please comment on the overall performance of this nurse during the shift Please tick (✓) Excellent <input type="checkbox"/> Very Good <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	Client Initial here if booked at specialist rates <input type="text"/>
Ward or Unit <i>DR410</i>		RGN			
Name of Nurse <b>Code A</b>		RSCN			
TNS Nurse Number <i>W7121</i>		RMN/RNMH		If you would like us to contact you regarding the above please tick <input type="checkbox"/>	Client Signature <b>Code A</b>
Name of Nurse <b>Code A</b>		MIDWIFE			
Name of Nurse <b>Code A</b>		EMN/ENMH			
Name of Nurse <b>Code A</b>		E/N		Name: Contact No.:	PRINTED NAME <i>F. CHIVELS</i>
Name of Nurse <b>Code A</b>		AUX	<input checked="" type="checkbox"/>		
Name of Nurse <b>Code A</b>		ON CALL			
Name of Nurse <b>Code A</b>		NIGHT SITTER		Date <i>14/02/2005</i>	
Name of Nurse <b>Code A</b>		NIGHT SITTER		The work described below has been carried out to my satisfaction. Start time and finish time were as noted below.	
Name of Nurse <b>Code A</b>		NIGHT SITTER		Expenses <i>2</i> miles	
Name of Nurse <b>Code A</b>		NIGHT SITTER		First part of Postcode from which journey started <i>PO4 209</i>	

DAY	DATE	START TIME 24hr clock	FINISH TIME 24hr clock	BREAK (MINS)	FOR OFFICE USE ONLY			
					B	P1	P2	BH
<i>Mon</i>	<i>14/02/05</i>	<i>0730</i>	<i>1330</i>	<i>N/A</i>				

**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 shifts, 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