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**THORNBURY**  
Nursing Services

E-MAIL: payroll@tnsltd.com

Licensed by  
Commission for Social Care Inspection

**TIME SHEET**

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

No. **523686**

| Name and Address of Client<br><i>F.M.A. H.M.H. GOSPORE<br/>N.H.S. TRUST.<br/>GOSPORE WITH H.M.H. UNIT<br/>HOSPITAL</i>   |                 | Quals. Worked            | (Tick Below)                        | Client Initial here if booked at specialist rates |                                 | Client Signature <b>Code A</b>  |    |    |   |
|--|-----------------|--------------------------|-------------------------------------|---|---------------------------------|---|----|----|---|
| Ward or Unit<br><i>DRYAD</i>   |                 | RGN                      |                                     | PIN   |                                 | PRINTED NAME <i>J.F. Ibanez</i>   |    |    |   |
|  |                 | RSCN                     |                                     | PIN   |                                 | Date <i>05-02-2005</i>  |    |    |   |
| Name of Nurse<br><b>Code A</b>   |                 | RMN/RNMH                 |                                     | PIN   |                                 | The work described below has been carried out to my satisfaction. Start time and finish time were as noted below. |    |    |   |
|  |                 | MIDWIFE                  |                                     | PIN   |                                 | Expenses <i>2</i> miles   |    |    |   |
| TNS Nurse Number<br><i>W7121</i>   |                 | EMN/ENMH                 |                                     | PIN   |                                 | Area from which journey started<br><i>ARLINGTON HILLS</i>   |    |    |   |
|  |                 | E/N                      |                                     | PIN   |                                 |   |    |    |   |
|  |                 | AUX                      | <input checked="" type="checkbox"/> |   |                                 |   |    |    |   |
|  |                 | ON CALL                  |                                     | SITTER  |                                 |   |    |    |   |
| DAY  | DATE            | START TIME<br>24hr clock | FINISH TIME<br>24hr clock           | BREAK (MINS)                                      | FOR OFFICE USE ONLY             |   |    |    | PLEASE NOTE: - BREAKS<br>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. |
|  |                 |                          |                                     |   | B                               | P1  | P2 | BH |   |
| <i>SAT.</i>  | <i>05/02/05</i> | <i>13.15</i>             | <i>2030</i>                         | <i>30</i>   |                                 |   |    |    |   |
| NOTES  |                 |                          |                                     |   | Nurse's Signature <b>Code A</b> |   |    |    |   |
| <p>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.</p> <p>Thornbury Nursing Services Ltd. Company Number 0444 2573</p> |                 |                          |                                     |   |                                 |   |    |    |   |