

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



BNA
The British Nursing Association

grosvenor
NURSING

Mayfair
NURSING

Nestor Healthcare Staffing

Y 00001 30



Client / Hospital

GOSPORT WAR MEMORIAL
SULTAN

Ward / Unit

SULTAN

Client / Hospital Address

GWMH ANNS MIL ROAD GOSPORT

Surname:

Forenames:

Code A

Member / Payroll No:

5609747

Home Post Code:

SO31 6TD

Qualification:

MSW

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

Day	Date Month	Year	Hours Worked Start 24hr Clock Finish	Meal Break Start 24hr Clock Finish	Meal Break Hrs Mins	Total Hours Claimed	Grade	Shift Codes See Above	Booking Reference Number	Ward Signature	Financial Code (Client use only) or Ward Stamp
23	06	05	2015-0745	0100-0230	0130	1000	A	01	1254644	Code A	

Total Miles Total Claimed £

Expenses Claimed £ 1000 Total Hours Claimed

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 TEN HOURS
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**
- 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.

Date: 240605
Name: VALERIE WEBB
Position: SSN
Signature: Code A

Client Copy