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 Specialist Nurses | Nestor Healthcare Staffing

Y0000114

Client / Hospital GOSPORT WAR MEMORIAL

Ward / Unit DRMAD SULTAN

Client / Hospital Address GWM HOSPITAL ANNSMILL ROAD, GOSPORT

Surname: Code A

Forenames:

Member / Payroll No: 5609747

Home Post Code: SO31 6TD

Qualification: HCSW.

Only Use One Qualification Relevant to Work

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

Client Internal Timesheet No:

Day	Date Month	Year	Hours Worked Start (24hr Clock)	Hours Worked Finish	Meal Break Start (24hr Clock)	Meal Break Finish	Meal Break Hrs	Meal Break Mins	Total Hours Claimed	Grade	Shift Codes See Above	Booking Reference Number	Ward Signature	Financial Code (Client use only) or Ward Stamp
17	06	05	2015	0745	0300	0330	0	30	1000	A	01	1337541	Code A	

Total Miles **Total Claimed £** **Expenses Claimed £**

Hours 10 Minutes 00 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 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
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: 18/06/05

Name: VALERIE WEBB.

Position: SSN.

Signature: Code A

Client Copy