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

C9140933

Client / Hospital

GOSPORT WAR MEMORIAL

Ward / Unit

SULTAN

Client / Hospital Address

Surname:

Forenames:

Code A

Member / Payroll No: 6142910

Home Post Code: PO6 Code A

Qualification: A GRADE

Only Use One Qualification Relevant to Work

Shift Code: 1 = General 2 = Geriatric 3 = Psychiatric 4 = Specialist 5 = Sleeper Shift 6 = On Call Shift In Charge ☐ Y ☐ N
7 = Call Out 8 = Sitter Shift 9 = Acute & Primary 0 = Acute Child Specialist A = ICU B = Renal C = Midwifery

Client Internal Timesheet No:

Day / Date / Month / Year	Hours Worked Start (24hr Clock)	Hours Worked Finish (24hr Clock)	Meal Break Start (24hr Clock)	Meal Break Finish (24hr Clock)	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
13/06/15	0745	2000	1330	1430	01	00	10	A		1308320	Code A	

Total Miles **Total Claimed £** **Expenses Claimed £** Hours Minutes **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.

Age 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

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: 140605

Name: N LETLATSA

Position: S/N

Signature: Code A

Client Copy

BNA55/0105