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 Associatic | grosvenor nursing | Mayfair SPECIALIST NURSES | Nestor Healthcare Staffing | Y0145724

Client / Hospital: GOSPORT WAR MEMORIAL HOSPITAL

Ward / Unit: DRYAD

Client / Hospital Address: BURY RD GOSPORT

Surname: Code A

Forenames: Code A

Member / Payroll No: 5862078

Home Post Code: PO12 2RD

Qualification: NUQ3

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

In Charge ☐ Y ☐ N

Day Date Month Year	Hours Worked Start (24hr Clock)	Hours Worked Finish	Meal Break Start (24hr Clock)	Meal Break 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
270605	1330	2030	—	—	—	07 00	A	02	13599995	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.

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 SEVEN 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.

Date: 270605

Name: Fritzie Pearl Ibanez

Position: SN

Signature:

Client Copy

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.