

Marking Instructions

Using black or blue ink, please write CLEARLY and CAREFULLY inside the boxes using BLOCK CAPITALS.

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



The British Nursing Association

grosvenor NURSING

Mayfair SPECIALIST NURSES

Nestor Healthcare Staffing

Y0145716



Client / Hospital

G O S P O R T W A R M E M O R I A L  
H O S P I T A L

Ward / Unit

D E A D A L U S

Client / Hospital Address

BURY RD GOSPORT

Surname:

Forenames:

Code A

Member / Payroll No:

Home Post Code:

Qualification:

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:

Table with columns: Day, Date (Month, Year), Hours Worked (Start, Finish), Meal Break (Start, Finish, Hrs, Mins), Total Hours Claimed, Grade, Shift Codes, Booking Reference Number, Ward Signature, Financial Code.

Total Miles Total Claimed £ Expenses Claimed £

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 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.

- 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

Date: 240605

Name: M G BAKER

Position: STAFF NURSE

Signature: Code A

Client Copy