

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



The British Nursing Association

C799739A



Client / Hospital

WARMEMORIAL

Surname:

Code A

Forenames:

Ward / Unit

DAEDALUS

Member / Payroll No:

5927854

Home Post Code:

P0130ZH

Client / Hospital Address

WAR MEMORIAL GOSPORT

Qualification:

H.C.A.

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	Start	Hours Worked	Finish	Start	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
1	6	06	05	1330	2030	1700	1730			30	0630	A	02	1337534		Code A	

Total Miles  Total Claimed £

Expenses Claimed £  0630 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 SIX MINUTES THIRTY

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: 160605

Name: LYNN IRVINE

Position: STAFF NURSE

Signature: Code A

Client Copy

- 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.