

Marking Instructions

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

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

C7997403



Client / Hospital

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

Surname:

Code A

Forenames:

Member / Payroll No:

5927854

Home Post Code:

P O 1 3 0 2 H

Qualification:

H.C.A.

Only Use One Qualification Relevant to Work

Ward / Unit

D A E D A L U S

Client / Hospital Address

WAR MEMEMORIAL

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

Table with columns: Day, Date, Year, Hours Worked, Meal Break, Total Hours Claimed, Grade, Shift Codes, Booking Reference Number, Ward Signature, Financial Code.

Total Miles Total Claimed £

Expenses Claimed £ 0600

It is the responsibility of the Member to ensure this timesheet is correct and complete before leaving the client.

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

Please give your comments including the persons clinical performance during the shift(s)

Please (V) 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: 100605

Name: F. SHAW

Position: STAFF NURSE

Signature: Code A

Client Copy