

Marking Instructions

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

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

grosvenor
NURSING

Mayfair
SPECIALIST NURSES

Nestor Healthcare Staffing

Y0020220



Client / Hospital

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

Ward / Unit

O A E D L W S W A R D

Client / Hospital Address

B U R Y R O A D B O S P O R T H A M P S H I R E

Surname: W A L E S

Forenames: T R A C E Y M A R I A

Member / Payroll No: 5 0 4 5 4 0 1

Home Post Code: P 0 1 2 2 L L

Qualification: R S N

Only Use One Qualification Relevant to Work

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

Client Internal Timesheet No:

Day	Date Month Year	Hours Worked		Meal Break		Meal Break		Total Hours Claimed	Grade	Shift Codes See Above	Booking Reference Number	Ward Signature	Financial Code (Client use only) or Ward Stamp
		Start 24hr Clock	Finish	Start 24hr Clock	Finish	Hrs	Mins						
	150505	2015-0745	0930	0200	0130			10	D	01	1263472	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 T E N H O U R S
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: 1 6 0 5 0 5

Name: P. KAIGHT

Position: RSN

Signature: Code A

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.