

NATIONAL HQ: Thornbury House,
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Bristol BS8 1NN

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THORNBURY
Nursing Services

E-MAIL: payroll@tnsld.com

Licensed by
Commission for Social Care Inspection

TIME SHEET

VAT EXEMPT
NO VAT

No. **531695**

| | | | | | |
|---|----------------|---|---------------------------|--|--|
| Name and Address of Client GOSPORT WAR MEMORIAL HOSPITAL | | Quals. Worked RGN RSCN | (Tick Below) | Please comment on the overall performance of this nurse during the shift Please tick (✓) Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> | Client Initial here if booked at specialist rates <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">Code A</div> |
| Ward or Unit DAEDALUS | | RMN/RNMH MIDWIFE | | | |
| Name of Nurse <div style="border: 1px solid black; width: 150px; height: 40px; display: flex; align-items: center; justify-content: center;">Code A</div> | | EMN/ENMH E/N | | | |
| TNS Nurse Number T2502 | | AUX <input checked="" type="checkbox"/> | | If you would like us to contact you regarding the above please tick <input type="checkbox"/> Name: Contact No.: | Client Signature MARGARET COUCHMAN PRINTED NAME Date 12.3.05 The work described below has been carried out to my satisfaction. Start time and finish time were as noted below. Expenses 90 measured miles First part of Postcode from which journey started SP2 |
| | | ON CALL | | | |
| DAY | DATE | START TIME 24hr clock | FINISH TIME 24hr clock | BREAK (MINS) | FOR OFFICE USE ONLY B P ₁ P ₂ BH |
| SATURDAY | 12/3/05 | 20:15 | 07:45 | 90 | |
| NOTES | | | | | PLEASE NOTE: - BREAKS Unless otherwise stated on this timesheet, for shifts up to 6 hours in length no break is deducted. For shifts of 6-6½hrs, 15 minutes. For shifts 6½-9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr. Or as agreed between Agency and Client. |
| NURSES: All timesheets for the week ending Friday must be returned to the office by 12 noon Monday. Top 2 copies to be returned to office, leave back copy with client. Thornbury Nursing Services Ltd. Company Number 0444 2573 | | | | | |
| Nurse's Signature <div style="border: 1px solid black; width: 200px; height: 40px; display: flex; align-items: center; justify-content: center;">Code A</div> | | | | | NMC PIN |