

NATIONAL HQ: Thornbury House,
7-9 Whiteladies Road, Clifton,
Bristol BS8 1NN

Licensed by
Commission for Social Care Inspection

TIME SHEET

PAYROLL LINE: 0845 120 5333
CREDIT CONTROL: 0845 120 5335
FAX: 0117 923 9229
CALL CENTRE: 0845 120 5305

THORNBURY
Nursing Services

E-MAIL: payroll@tnsltd.com

VAT EXEMPT
NO VAT

No. 536380

| | | | | | | | |
|--|-----------------|--------------------------|---------------------------|---|---|--|----------------|
| Name and Address of Client GOSPORT WAR MEMORIAL BURY RD GOSPORT | | Quals. Worked | (Tick Below) | Please comment on the overall performance of this nurse during the shift | | Client Initial here if booked at specialist rates | |
| Ward or Unit DAEDALUS | | RGN | | Please tick (✓) | | <div style="border: 1px solid black; padding: 5px; display: inline-block;">Code A</div> | |
| | | RSCN | | Excellent <input type="checkbox"/> | | | |
| | | RMN/RNMH | | Very Good <input type="checkbox"/> | | | |
| Name of Nurse <div style="border: 1px solid black; padding: 5px; display: inline-block;">Code A</div> | | MIDWIFE | | Good <input type="checkbox"/> | | Client Signature | |
| | | EMN/ENMH | | Average <input type="checkbox"/> | | PRINTED NAME: P. V. N. 1917 | |
| TNS Nurse Number T3010 | | AUX | ✓ | Below Average <input type="checkbox"/> | | Date 9.3.05 | |
| ON CALL | | E/N | | If you would like us to contact you regarding the above please tick <input type="checkbox"/> | | The work described below has been carried out to my satisfaction. Start time and finish time were as noted below. | |
| | | | | Name: | | Expenses | |
| | | | | Contact No.: | | 18 | |
| | | | | NIGHT SITTER | | First part of Postcode from which journey started PO15 | |
| DAY | DATE | START TIME 24hr clock | FINISH TIME 24hr clock | BREAK (MINS) | FOR OFFICE USE ONLY | | |
| TUES | 08/03/05 | 20¹⁵ | 07⁴⁵ | 1 1/2 hrs | B | P ₁ | P ₂ |
| 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; padding: 5px; display: inline-block;">Code A</div> | | |
| | | | | | NMC PIN | | |