## SOH502130-0001

CREDIT CONTROL: 0845 120 5335 NL FAX: 0117 923 9229 CALL CENTRE: 0845 120 5305 E	THORNE Irsing Sei		License Commission for Soci VAT EX NO V	EMPT
Name and Address of Client	Quals. Worked RGN RSCN RMN/RNMH MIDWIFE EMN/ENMH E/N AUX ON CALL	(Tick Below) of this nurse du   Please tick (✓) Excellent   Very Good Good   Average Below Average   If you would like If you would like	e us to contact you bove please tick	Client Initial here if booked at specialist rates Client Signature Code A PRINTED NAME Date The work described below has been carried out to my satisfaction. Start time and finish time were as noted below. Expenses First part of Postcode from which journey started
DAY DATE START TIME 24hr clock NOTES	FINISH TIME 24hr clock	BREAK (MINS)	FOR OFFICE USE ONLY B P1 P2	BH   PLEASE NOTE: - BREAKS     Unless otherwise stated on this timesheet, for shifts up to 6 hours in length no break is deducted. For shifts of 6-6%/nrs, 15 minutes. For shifts 6%-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 12 noon Monday. Top 2 copies to be returned to office, le Thornbury Nursing Services Ltd. Company Number 04	ave back copy v	Nurse's Signature Code A		