NATIONAL HQ: Thornbury House, 7-9 Whiteladies Road, Clifton, Bristol BS8 1NN			Licensed by Commission for Social Care Inspection				ection TIME SHEET			
		sing Services			VAT EXEMPT					
FAX: 0117 923 9229 CALL CENTRE: 0845 120 5305 CALL CENTRE: 0845 120 5305					NO VAT No. 532587					
Name and Address of Client	Quals.	(Tick	Please coment on the overall performance of this nurse during the shift			rmance	Client Initia at specialis	al here if booked st rates		
Gospore war Memorial NHS HOSPITAL	Worked RGN	ed Below Please tick ((~)			Client Signature Code A		
BURY ROAD POIL 3PW	RSCN	Very Good		ı ē	The statement is the second statement of			PRINTED NAME N. LETLATSA		
Ward or Unit	RMN/RNMH		Good Average				Date 21/02/05			
DAEDALUS	MIDWIFE		Below Ave	and the second	Id like us to contact you he above please tick			The work described below has been carried out to my satisfaction. Start time and finish time were as noted below.		
Name of Nurse	EMN/ENMH							Expenses		
CLAIRE WITHINGTON	E/N		Name:					68 miles		
TZ 805	AUX		Contact N					First part of Postcode from which journey started		
START TIME	ON CALL FINISH TIME	14 3 Y	NIGHT S		FOR OFFICE USE ONL					
DAY DATE START TIME 24hr clock	24hr clock	BRE	AK (MINS)	В	P1	P2	BH	 PLEASE NOTE: - BREAKS Unless otherwise stated on this timesheet, 		
Manday 21/2/05 14-00	0.30	2.30 15)			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.		
NOTES Or as agreed between Agency and Client.										
NURSES: All timesheets for the week ending Friday must be returned to the office by				Nurs	Nurse's Signature Code A					
12 noon Monday. Top 2 copies to be returned to office, leave back copy with client. Thornbury Nursing Services Ltd. Company Number 0444 2573					NMCPIN 9770071É					