72919

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PORTSMOUTH

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20 45 5.8.97 to 0715 6.8.97

10 Hours.

SMFF WURSE T. J. TUFNAIL

CONFIRMED BY-

Code A

Code A

No form left by member of Agoney as 8he did not have any. The Again the her to write / sign Shift on headed paper, get countersgreed, and she had a copy to give to the Agency.

Code A

COMMUNITY HEALTH SERVICES

Gosport War Memorial Hospital Bury Road, Gosport, Hampshire PO12 3PW Tel: 01705 524611 Fax: 01705 580360

PORTSMOUTH HEALTHCARE NHS TRUST GOSPORT WAR MEMORIAL HOSPITAL AGENCY REQUEST FORM

72919

٩	Request from: MUBREY WARD Date: 5 8 97
	Class of Agency cover required: TRANSO D GRADE
	Reason for use of Agency Staff: Sickness
	Holiday
-	(Please tick) Vacancy
	Maternity Leave
	Other
	Grade or specific skills / experience required:
	Location: MUSGery C
	Date required from: 5897 to 68197 NIGHT DUN
	Hours and times to be covered daily: 2045 - 0715
	To report to:atat
В	Approved by: Code A Date 6897
	Name of Agency supplying cover:
	Hourly rate (+details of any special payments) agreed:
	Date booking confirmed with Agency: 5/8/97
	Agency contact regarding this booking:
	Name(s) of individual(s) being supplied by Agency
	T-TOFNAL
С	
	Date invoice received

The engagement of Agency Staff can only be undertaken by authorised Managers. If you are unsure as to whether you are authorised for this purpose then please contact your immediate Manager.

The following steps are to be adhered too when requesting the use of Agency Staff. (All questions must be completed).

- 1. Complete Section A and B of the Agency Request Form.
- 2. Notify Manager of relevant area of cover arranged.
- 3. Completed Agency Request Forms to be forwarded to General Office. Gosport War Memorial Hospital.

Please note when booking Agency Staff please inform the Agency in question to send their official invoices to:-

The General Office Gosport War Memorial Hospital Bury Road GOSPORT Hants PO12 3PW