| ST239  For H.O. use only  CLIENT THE (CCC UTCC AUGCE)  Address  HOSPITAL  Ward Name  (If NHS circle either GER of PSY or OTHER)  Ward Name  (If NHS circle either GER of PSY or OTHER)  TICK  EACH LINE LINE LINE LINE LINE LINE LINE LINE   | INTE                         | R-CO<br>TIMES | UNTY   | NUR           | SING   | & (      | CARE                             | SE                               | RVIC                 | ES       |              |
|--|------------------------------|---------------|--|---------------|--|----------|----------------------------------|----------------------------------|----------------------|----------|--------------|
| CLIENT THE RECORD ADDRESS TO THE PROPERTY OF THE PLANE TO SHOW A PAY A SHOW A PAY A  | W/E<br>Sunda                 | ing.          |  | 16            | F  |          |                                  | 39                               | Pin                  | k -      | Nurse's copy |
| HOSPITAL  Ward Name  Week  2) the client signs below and retains yellow copy  TICK  REF  Ward Name  DAY  NIGHT  Daily  NIGHT Daily  NIGHT CALLS  RAVEL ON CLIENT  BUSINESS ETC.  WED  THURS  FRI  SAT  JUN  to to to to to the sea according to your terms  watisfactorily worked and that payment will be made in respect of these according to your terms  attisfactorily worked and that payment will be made in respect as the basis of the transaction.  TUES  We pay our members weekly.  Please be prompt with your settlement of the account  LC N.S.  90 High Street  Burnham  Bucks SL1 7TD  Please tick if you require:  Timesheets  Timesheets   | CLIENT                       | The 63        | ilede (  | He de         | unef-e   |          |                                  | E Mer                            | mbership<br>nber     | 61       | 702          |
| Ward Name (If NHS circle either GER of PSY or OTHER)  IF SOCIAL SERVICE DUTY  TICK  REF  HOURS ACTUALLY WORKED DAY NIGHT Daily HRS to end of HRS 00.00 For meals will be made in respect of these according to your terms dend conditions of business which I have received and accept as the basis of the transaction.  PRI COGE A Date Date PRABLE Please ensure:  1) Separate timesheet for each client per week week yellow copy  TICK  REF  HOURS ACTUALLY WORKED TRAVEL EXTRAS e.g. NIGHT CALLS DAY NIGHT Daily TRAVEL ON CLIENT BUSINESS ETC.  WED DAY NIGHT DAIly TRAVEL ON CLIENT BUSINESS ETC.  WED THURS  FRI DAY NIGHT DAILY DAILY WORKED DAY NIGHT DAILY DA |                              | $C_{i}$       | 05/2   | ka.           |  | ••••     | Name                             |                                  | Co                   | ode      | A            |
| IF SOCIAL SERVICE DUTY    EACH LINE  |                              | 'AL           |  |               | ne construction de la constructi |          | 1) Separa<br>week<br>2) the clie | nsure:<br>ate times<br>ant signs | sheet for a          | each cli |              |
| EACH LINE 1 TO TIME TAKEN DO.00 TO THE TAKEN DO.00 TO MIGHT CALLY WORKED DAY NIGHT CALLS EQ. MIGHT CALLS TO MIG | IF SC                        | OCIAL S       | SERVIC   | E DUT         | Υ 1  | ICK      |                                  | сору                             |                      |          |              |
| Taken on do night duty 00.00 for meals 00.00 f | EACH                         |               |  |               |  | ACTU     |                                  |                                  |                      |          |              |
| TUES  WED  THURS  FRI  SAT  JUN  to end of gight duty  I certify that the total of  attisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of the transaction.  Code A  Date  Position  We pay our members weekly.  Please tick if you require:  I.C.N.S.  90 High Street Burnham Bucks St.1 7TD  Address lebels   | to end of                    | HRS           | HOURS  | Taken         | DAY  |          | NIGH.                            |                                  | Daily                | TRAVE    | HT CALLS     |
| THURS  FRI  SAT  JUN  to to end of ght duty  I certify that the total of  Atisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of the transaction.  Code A  Date  Position  We pay our members weekly.  Please be prompt with your settlement of the account  I.C.N.S.  90 High Street  Burnham  Burcks SL1 7TD  Bucks SL1 7TD  Address labele.   | MON                          |               |  |               |  | Г/П      | W/D W/E                          | P/H                              | Mileage              | BUSI     | NESS ETC.    |
| THURS  FRI  SAT  July  I certify that the total of  Attisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of the transaction.  Grature  COGE A  Date  Date  Position  We pay our members weekly.  Please be prompt with your settlement of the account long.  I.C. N.S.  90 High Street  Burnham  Bucks SL1 7TD  Address labels   | TUES                         |               |  |               |  |          |                                  |                                  |                      |          |              |
| SAT  SUN to  | WED                          |               |  |               |  |          |                                  |                                  |                      |          | 4,           |
| SAT  July 1 Certify that the total of 1 Certify that the total of 2 Code A Date Date Date Description  We pay our members weekly. Please be prompt with your settlement of the account I.C.N.S. 90 High Street Burnham Bucks SL1 7TD  We pay our members weekly. Please tick if you require: Timesheets Address labels.  | THURS                        |               | 1  |               |  |          |                                  |                                  |                      |          |              |
| SAT  JUN  to end of ght duty  I certify that the total of  Attisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of the transaction.  Code A  Date  Date  Position  Please tick if you require:  I.C.N.S.  90 High Street  Burnham  Bucks SL1 7TD  Address labels   | FRI                          |               |  |               |  |          |                                  |                                  |                      |          | *            |
| I certify that the total of hours have been hours have been had conditions of business which I have received and accept as the basis of the transaction.  Code A  Date  Date  Position  Please tick if you require:  I.C.N.S.  90 High Street Burnham  Bucks SL1 7TD  Address labels   |                              |               |  |               | 202  | 1        | 2124                             |                                  |                      |          | •            |
| I certify that the total of hours have been hours have received and accept as the basis of the transaction.  Code A Date Position  We pay our members weekly. Please be prompt with your settlement of the account I.C.N.S. 90 High Street Burnham Bucks SL1 7TD  Address labels   | 11                           | 20-           |  |               |  |          |                                  |                                  |                      |          |              |
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| Code A Date Date Date Date Position  We pay our members weekly. Please be prompt with your settlement of the account I.C.N.S. 90 High Street Burnham Bucks SL1 7TD Address labels  | atisfactorile                |               |  | -             |  |          |                                  |                                  |                      |          |              |
| We pay our members weekly. Please be prompt with your settlement of the account  I.C.N.S. 90 High Street Burnham Bucks SL1 7TD  Position  Please tick if you require: Timesheets  Address labels   |                              |               |  | I have rec    | be made in<br>eived and  | respe    | ect of these<br>t as the ba      | e accor<br>sis of t              | ding to<br>the trans | your to  | erms<br>n.   |
| Please tick if you require:  I.C.N.S.  90 High Street Burnham Bucks SL1 7TD  Address labels  | gnature<br>lient please reto | шт уелом сору | e A  | Dat           | e   ).   | 1.       | 96                               | Posit                            | ion                  |          |              |
| Tel: Burnham (01628) 665271 and by Local Authorities and the Department of Employment  | CNS and by Local A. at       |               | I.C.N.S.<br>90 High Stre<br>Burnham<br>Bucks SL1 7 | rompt with yo | ur settlement  | of the a | ccount                           |                                  | Timeshe              | eets     | u require:   |