

**Recruiters name:**

Agency worker's name:

Job title:

Band/Grade:

Trust/Location:

Ward/Department:

Reporting to:

**tpgmedical**

placing people first

Pixel Building, 110 Brooker Road,  
Waltham Abbey, Essex, EN9 1JH.**T. 0345 230 6666****E. timesheets@tpgmedical.co.uk**Timesheets must be received no later than mid-day  
MONDAY by fax, email or post.  
Photographs will not be accepted.

	DATE			START TIME	FINISH TIME	LENGTH OF BREAK	HOURS WORKED	BOOKING REF NO.	AUTHORISED SIGNATURE	PRINT NAME (BLOCK CAPS)	DATE		
	D	M	Y								D	M	Y
MON	:	:									:	:	
TUE	:	:									:	:	
WED	:	:									:	:	
THU	:	:									:	:	
FRI	:	:									:	:	
SAT	:	:									:	:	
SUN	:	:									:	:	
<b>Total hours:</b>													

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**To be completed by Agency Worker**

TO BE READ BY ALL HEALTHCARE PROFESSIONALS: I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and NHS Protect (NHS CFSMS) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature:

Print name:

PLEASE TICK  I can confirm I have received a suitable client induction prior to commencing this assignment.**Declaration:** I confirm I have worked the above hours. In addition, I declare that any travel and subsistence costs I have claimed have been necessarily incurred in the performance of my duties of travelling in order to perform my duties with JustNurses at temporary workplace. I also declare that any laundry costs I have claimed have been incurred by me wholly, exclusively and necessarily in the performance of my duties.**To be completed by Head of Dept/Authorised signatory**

TO BE READ BY ALL HEALTHCARE PARTNERS: I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and NHS Protect (NHS CFSMS) in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 or email nhsfraud@nhsprotect.gsi.gov.uk.

Signature:

Print name:

Position:

Date:

**Declaration:** We confirm that the hours and grade/band shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by the terms and conditions of business.