

Please email timesheets weekly to: timesheets@carepro.co.uk or FAX +44 (0)20 8338 3044 T: 0208 518 0377

First Name:	Last Name:
Job Title:	Band:
Hospital/ Trust:	Ward/Dept:

Period of Employment (Start/End Shift Dates):							
DAY	DATE	START TIME	BREAK TAKEN	FINISH TIME	TOTAL HOURS	BOOKING REFERENCE	AUTHORISED SIGNATURE
MON							
TUE							
WED							
THUR							
FRI							
SAT							
SUN							
Total Hours:			Total Hours in Words:				

Induction and Orientation Training Completed?		Yes		No
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I declare that the information given on this form is correct and complete, I have not claimed it elsewhere for the hours/ shifts declared on this timesheet. I understand that, if I knowingly provide false information this may result in disciplinary action, and I will be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by NHS. CFSMS for the purpose of the verification of this claim and investigation, prevention, detection and prosecution of fraud.

Locum's Name:	Signature:	Date:
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The above-named candidate has recently been placed under your management for a locum position. As a part of our follow up after care program, we would greatly appreciate if you could provide us with a follow up assessment for the candidate's time spent at this hospital. Please could you complete and return this reference at your earliest convenience to assist locum

Assessment	Poor	Satisfactory	Good	Please feel free to make any additional comments, which you feel will be helpful to us i.e., any training needs you have identified?
Scientific Knowledge & Clinical Skills				
Professionalism & Conduct				
Communication				
Leadership & Initiative				
				Supervisors Phone:
				Supervisors Email:

Would you be happy to receive this candidate again for a locum position?

If so, do you know any future dates, which this locum may be required?

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| <ul style="list-style-type: none"> To ensure payment on Friday, this timesheet must be received by 12:00 hrs. Monday of the following week. Timesheets without booking reference/ PO will not be processed For the timesheet to be paid, an authorized signature and name MUST be present in the last column AND BOTTOM OF THE PAGE for the corresponding shifts. Carepro holds no responsibility if the trust refuses to pay despite the approval. | <p>TRUST AUTHORISATION: I am an authorized signatory for my ward/ department/ NHS body. I am signing to confirm that both grade of Locum and the hours/shifts that I am authorizing are accurate and I approve the 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 the NHS CFSMS in England (or NHS CFS for the purpose of verification of this claim and investigation, prevention, detection, and prosecution of fraud.</p> |
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Authorized Approver's Full Name:	Signature:	Date:
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