

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:			
Location Address:							
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		
<p>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 related parties as per statutory requirement . CFSMS for the purpose of the verification of this claim and investigation, prevention, detection and prosecution of fraud.</p>							
Locum's Name:				Signature:		Date:	
<p>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</p>							
Authorized Approver's Full Name: (IN BLOCK CAPITALS):				Signature:		Date:	