



Candidate First Name		<p>Email the scan copy of this Timesheet to timesheet@lhlocums.co.uk and cc to relevant Consultant by every Sunday of the week in order for us to process your payment on time. Tel No: +44 (0) 333 014 6013</p> <p>FOR COMPLETION BY THE AUTHORISED DEPARTMENT SIGNATORY</p> <p>I am an authorised signatory for my department. I am signing below to confirm that both the grade and the shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud, and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p>
Candidate Surname		
Grade / Speciality		
Client / Hospital Name		
Location / Ward Name		

If you are moved to another ward, please complete this timesheet and a new timesheet with the new ward details. (PLEASE MAKE SURE TO FILL IN ALL DETAILS AND SIGN THE TIMESHEET)

Day	Date	Booking Reference	Shift Start Time (HH:MM)	Shift Finish Time (HH:MM)	Break Start Time (HH:MM)	Break Finish Time (HH:MM)	Total Shift hours (Excluding Break) (HH:MM)	Name of the Authorised Signatory	Authoriser Signature	Date of Signature
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										

I declare that the information I have given on this form is correct and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand that the break is unpaid and 30 minutes will be deducted for 6 hours shift and 60 minutes will be deducted for 12 hours shift according to the policy of the trusts.

Candidate Full Name:	Candidate Signature:	Date:

(Below is for client use only)

Assessment	Poor	Satisfactory	Good
Scientific Knowledge & Clinical Skills			
Professionalism & Conduct			
Communication			
Leadership & Initiative			
Notes			

Induction and Orientation Training Completed? (Circle applicable answer)

Yes No