

PLEASE EMAIL TIMESHEETS TO: **info@daisylivingservices.co.uk**

 **Linden Avenue, Higham Ferrers, Rushden, Northamptonshire, NN10 8EU. Tel 0758 125 7667**

|  |  |
| --- | --- |
| Candidate Name |  |
| NMC No. |  | Band |  |

*Please submit one timesheet for each ward and each week worked.*

|  |  |  |  |
| --- | --- | --- | --- |
| Week Ending (Sunday) |  | Ward |  |
| Trust/Hospital |  |
| Reference number |  |
|  | Date | Start Time | Finish Time | Break | Total Hours | Booking Ref | Authorised by |
| Mon |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |
| Sun |  |  |  |  |  |  |  |
|  | Total |  |  |

**ID Badge - I confirm I was always wearing my Daisy Living ID Badge whilst working at the client/trust shown above (please tick to confirm)**

**Induction - I confirm I was given an induction by the trust before the commencement of my 1st shift at the client/trust shown above (please tick to confirm)**

**Declaration**

* I confirm that the information I have given on this form is complete and correct and I have not claimed elsewhere for the hours/shift detailed on this timesheet.
* I understand that if I knowingly provide 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 3rd parties and by the NHS body for verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

**Authorisation**

* I am an authorised signatory for the Client/Dept/Ward/Trust stated above in compliance with internal processes and procedures. I am signing to confirm that the grade and hours of the temporary worker stated above are accurate and that I approve payment.
* I understand that if I knowingly provide 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 3rd parties and by the NHS body for verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I (as the candidate) confirm I have read, understood and agreed to your terms and conditions (please tick to confirm)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Candidate signature |  | Print name |  | Date |  |
| Authorised signature |  | Print name |  | Date |  |
| Position |  |  |

Our terms of engagement you or your company signed apply to this booking. Any locum taken on a full-time/locum or bank basis or wishing to change agencies will be subject to the notice period as set out in those terms.

**NHS Fraud –** any questionable timesheet must be immediately brought to the attention of your local fraud specialist or report any cases of fraud; in confidence, to the NHS Fraud and Corruption Reporting Line: 0800 0284060 (England) or 0800 0151628 (Scotland).

**Locum Assessment** – To be completed by the shift manager.

As part of Daisy Living’s continuous development plan and assessment of our locums, please rate the qualities of the candidate named above by ticking the appropriate boxes.

|  |  |
| --- | --- |
| Name |  |
| Tel |  |
| Email |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor | N/A | **Referral Bonus (Candidate use only)**Please add a colleague’s name and contact details and receive a referral bonus! |
| Clinical knowledge |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Timekeeping |  |  |  |  |  |
| Relationships with colleagues |  |  |  |  |  |
| Relationships with patients |  |  |  |  |  |
| Communication skills |  |  |  |  |  |
| Did you have any concerns regarding the above Candidate? | Yes | No | Would you re-employ this Candidate? | Yes | No |
| Additional comments |  |

By signing this assessment you agree Daisy Living can use this form as a reference for the named locum. All references will be placed in their file which can be viewed by the locum under the Data Protection Act 1998.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referee signature |  | Date |  | Please placehospital stamp: |

**NOTE: To avoid delay with your payment, please ensure that all hours worked are authorised and the timesheet reaches us no later than Monday at 10 am.**