



TO BE COMPLETED BY AGENCY WORKER & EMAILED TO: accounts@fourplussolutions.co.uk

When completing this form please: Obtain authorised signatures for all the shifts you have worked. Complete one timesheet for each week worked. If the hospital deducts breaks and breaks are worked, this must be signed off by an authorised signatory on each line.

Please fully complete this form and return a copy to the ward manager and a copy to Four Plus Solutions.

NAME (FIRSTNAME AND SURNAME)*

BAND / GRADE*

CLIENT / ESTABLISHMENT*

WARD*

Table with 8 columns: DAY, DATE, SHIFT START TIME, SHIFT END TIME, BREAK START TIME, BREAK FINISH TIME, BREAK TOTAL, TOTAL HOURS. Rows for MONDAY to SUNDAY and a WEEKLY TOTAL row.

To be completed by the agency worker (you)

I declare that the information 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...

AGENCY WORKER SIGNATURE*

DATE SIGNED*

CLIENT FEEDBACK FORM

(Client / Establishment - please complete below if you are happy or in a position to assess this agency worker)

As part of our follow-up after care programme, we would greatly appreciate it if you could provide us with a follow-up assessment for the agency worker's time spent at your establishment. Please note that this information may be used as a reference for future temporary positions.

Table for Client Feedback with columns: Excellent, Good, Average, Poor, N/A. Rows include General Clinical Skills, Specialty Clinic Skills, Clinical Knowledge, Attitude towards other professionals, Attitude towards patients, Relationship with patients, Relationship with colleagues, Appearance, Professionalism & Conduct, and a final question about receiving the worker again.

ADDITIONAL COMMENTS

NAME (FIRSTNAME AND SURNAME)*

DATE*

POSITION*

AUTHORISED SIGNATURE*

All fields marked with * are mandatory and must be completed correctly to avoid the timesheet being rejected.

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 4060 (within England) or 0800 015 1628 (within Scotland).