

Email all Timesheets to: timesheets@care1professional.co.uk



Professional Services LTD

Nursing and Care Agency

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Nursing & HCA Timesheet
Timesheets must be clear and preferably scans NOT Photographs please!!!

Candidate Name:		Client:	
Job Title:		Home / Hospital Address:	
Week Ending:			

***Enter all hours to the nearest quarter hour**

Day	Date	Start Time	Finish Time	Unpaid Break Time	Total Paid Hours	Client Signature <i>(For multiple shifts)</i>	Reference No <i>(For Official Use Only)</i>
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Paid Week Hours							

Additional Information:

Clinical Skill / Character Staff Assessment	Please complete the far right boxes: E: Excellent V: Very Good G: Good S: Satisfactory U: Unsatisfactory	a) Demonstration of clinical competence / skills	
		b) Ability to provide a full range of care to the service users / patients and family	
		c) Time keeping and reliability	
		d) Appearance and presentation	
		e) Teamworking and relationship with colleagues and service users / patients	
		f) Would you re-book this member of staff? (delete as applicable)	Yes / No

<p>To be read and signed by the Agency Staff / Worker:</p> <p>I declare that the information provided on this timesheet is correct and complete. I have worked the above hours / shift and have not double claimed for the hours / shifts detailed above. I understand that if I deliberately give false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings.</p> <p>Agency Staff Signature:.....</p> <p>Print Name :.....</p> <p>Date :.....</p>	<p>To be read and signed by Client:</p> <p>Am authorised to sign on behalf of the care home / ward / department and am signing to confirm that both the grade of Agency Worker and hours / shift that I am authorising have been worked and I approve payment. I understand that if I deliberately give false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings.</p> <p>Authorised Client Signature:.....</p> <p>Print Name :.....</p> <p>Position :.....</p> <p>Date :.....</p>
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**Submit time sheet on Monday by 5:00pm; for payment on Friday
email address: timesheets@care1professional.co.uk**