

\*\*Important: Please ensure you leave a copy of your timesheet onsite with the ward you have worked on; otherwise your payment(s) could be affected.\*\*

Your World: Mental Hea									eal	alth Nursing Timesheet 2025 v											<u> </u>															
PLEASE USE BLOCK CAPITALS WITH BLACK INK ONLY																																				
Candidate Fo	rename(s):																																			
Candidate Surname(s):																																				
Recruiter Name:						ĺ																														
Job Title:																																				$\neg$
Band/Grade:																																				ヿ
Name of Client/Trust:																																				ᅵ
Site Code:																																				目
Name of Hospital/Location:																																				
Ward Name (if applicable):																																				
Email: mentalhealth@ywtimesheets.com (max 5MB) Upon receipt, you will receive email confirmation. You will not receive confirmation if you fax your timesheet in.  Tel: 0207 220 0825  Web: ywnursing.com																																				
DAY (MON-SUN)	DD/MM/YY Start Time				Break Start Time				Break Finish				Finish Time				Hours Worked				Booking Reference					Authorised Signature										
	/ / :			: :						: :																										
PLEASE USE 24-HOUR CLOCK													Tot	Total Hours Worked: :									,													
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Excellent	Please tell us how YWRG agency worker performed during the shift: (please ✓ one box)  xcellent  Satisfactory																																			
Good															Ī	≓⊢	Unsatisfactory																			
									Ple	ease cor	nfirm the	e Fire Sa	fety Indi	uction w	vas com	pleted	(please 🗸	one bo	ox) Ye	s		No													,,	ᅱ
am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Agency Worker and the hours/shift that I am uthorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be able to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS in ngland (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Any ques-								TO BE READ BY ALL CANDIDATES:  I declare that the information I have given 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 and I may be liable to prosecution and civil recovery proceedings.													this															
eclaration: We confirm that the hours and grade/band shown on this timesheet have been worked to our satisfaction and that this will form the basis of an avoice, which will be paid on receipt. We agree to be bound by the terms and conditions of business.							<ul> <li>I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</li> <li>I confirm I have worked the above hours. In addition, I declare that any travel costs I have claimed have been necessarily incurred in the performance of my</li> </ul>																													
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	Candidate Details	
Print Name:		
Signature:		
Date: DD/MM/YYYY	/ /	

Client Details									
Print Name:									
Position:									
Signature:									
Landline Number:									
Date: DD/MM/YYYY		/	1						