

[illegible]

Email: nursing@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)	Date DD/MM/YY	Start Time	Break Start Time	Break Finish	Finish Time	Hours Worked	Booking Reference	Authorised Signature
	/ /	:	:	:	:	:		
PLEASE USE 24-HOUR CLOCK				Total Hours Worked:		:		

Please tell us how YWRG agency worker performed during the shift: (please ✓ one box)			
Excellent	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>
Good	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>
Please confirm the Fire Safety Induction was completed (please ✓ one box) Yes <input type="checkbox"/> No <input type="checkbox"/>			

TO BE READ BY ALL CLIENTS:

I 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 authorising 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 liable 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 CFMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. 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 40 60.

Declaration: 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 invoice, which will be paid on receipt. We agree to be bound by the terms and conditions of business.

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

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.
- 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.
- 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 duties with Your World Recruitment Group at a temporary workplace (this excludes 'ordinary commuting').

Candidate Details	
Print Name:	
Signature:	
Date: DD/MM/YYYY	/ /