

TIMESHEET

| Dr Name | GMC No. | Specialty | Grade | Consultant |
|---------|---------|-----------|-------|------------|
| | | | | |

Hospital/Trust Name & Address:

| Day | Date | From | To | Break Deduction | Payable Hrs | Additional Hrs | Total Payable Hrs |
|-----------|------|------|----|-----------------|-------------|----------------|-------------------|
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Sunday | | | | | | | |

| | | | |
|--|--|-----|----|
| <p>Employee's Declaration: 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.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p> | <p>Client Declaration Authorised on Behalf of the Client by: I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Locum 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 CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Date: _____</p> | | |
| <p>Did you receive induction in the beginning of this assignment?</p> | | Yes | No |

| End of assignment assessment | Unable to comment | Poor | Satisfactory | Good | Very Good | Excellent |
|--|-------------------|------|--------------|------|-----------|-----------|
| Clinical skills demonstrated in line with the requirements of the position | | | | | | |
| Relationships with patients, other healthcare workers and the public | | | | | | |
| Timekeeping and management of workload | | | | | | |
| Patient records and other records management | | | | | | |
| Reliability | | | | | | |
| Communication skills | | | | | | |
| Supervisory skills | | | | | | |
| Organisational ability | | | | | | |
| Overall performance | | | | | | |
| Overall conduct/behaviour | | | | | | |
| Sickness/absence record | | | | | | |