Please write in BLOCK CAPITALS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: |  | | Surname: |  |
| Trust Name: |  | | Hospital Name: |  |
| Job Title: |  | | Band: |  |
| Recruitment Consultant: | |  | | |

Please confirm breaks taken when totalling your hours worked and ensure you use the 24hr clock – if a break is not recorded in the break column, then breaks will automatically be deducted according to trust policy.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please note: TOTAL CLAIMABLE HOURS = HOURS MINUS BREAKS | | | | | | | | |
| Day | Date  DDMMYY | Shift Start Time | Total Breaks Taken | Shift Finish Time | Total Claimable Hours | Ward Name | Booking Ref | Manager Signature |
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|  |  |  | Total Hours: | |  |  |  |  |

**Candidate 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 MSI Recruitment ceasing to offer me further assignments and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the health body (or otherwise) and NHS Protect (or otherwise) or other relevant organisation for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I also confirm that induction and orientation training has been provided by the client.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Signed: |  |
| Position: |  | Date: |  |

**Client Authorisation**

I am an authorised signatory for my ward/department/NHS Body or other relevant organisation. I am signing to confirm that the Job Profile Title and Band of Nurse and the hours/shifts 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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the health body (or otherwise) and NHS Protect (or otherwise) or other relevant organisation for the purpose of verification of this claim and the investigation.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Signed: |  |
| Position: |  | Date: |  |

**Please email your timesheets to** [**timesheets@msirecruitment.com**](mailto:timesheets@msirecruitment.com) **or fax to 020 7990 9764**