Timesheet



GMC Number	Boo	oking Ref	/ PO No.	(If Applicable)			
Locum Name	Clie	Client Name					
Grade / Speciality	We	ek Ending					
BASIC HOUL	RS	ON CALL HOURS					
Date Start Time End Time	Break	Total	Hours	Start Time	End Time	Total Hours	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL TOTAL WEEK BASIC HOURS 'MINUS' THE TOTAL WEE	K BREAKS			TOTAL WEEKS	HOURS ONCALL		
I understand that if I knowingly provide false information this may result in disc disclosure of information from this form to and by the NHS body and the NHS Coprosecution of fraud. Signature Assessment Form (Trust / Hospital - We Value your feedback, please)	Date	purpose of v	erification of	this claim and the in	vestigation, prevention		
	Se call you	Complete	Excellen		<i>(.)</i>		
Period of Employment As part of our follow-up after care programme, we would greatly appreciate it if you could provide us with a follow-up assessment for the doctor's time spent at this hospital. Please note that this information may be used as a reference for future locum placements. Please tick the		do		. 4004	Average	Poor	
		de			Average	Poor	
		al Skills nunication			Average	Poor	
that this information may be used as a reference for future locum placements. Please tick the		al Skills nunication			Average	Poor	
that this information may be used as a reference for future locum placements. Please tick the	Comn Know Profe	al Skills nunication ledge ssionalism		0000	Average	Poor	
that this information may be used as a reference for future locum placements. Please tick the box which most reflects your view on the candidate.	Comn Know Profe	nunication ledge ssionalism onships			Average	Poor	
that this information may be used as a reference for future locum placements. Please tick the box which most reflects your view on the candidate. Additional comments	Comn Know Profe Relati Relial	al Skills nunication ledge ssionalism onships bility seeping			Average	Poor	
that this information may be used as a reference for future locum placements. Please tick the box which most reflects your view on the candidate.	Comn Know Profe Relati Relial	al Skills nunication ledge ssionalism onships bility seeping	Yes	No	Average	Poor	
that this information may be used as a reference for future locum placements. Please tick the box which most reflects your view on the candidate. Additional comments Future Employment Would you be happy to receive this doctor again for the second secon	Comn Know Profe Relati Relial Timel or a locum to confirm t ly provide fa	al Skills nunication ledge ssionalism onships pility seeping position?	rofile Title and	No Band of Locum Document in disciplinary a	tor and the hours/shift	that I am le to prosecution and	
that this information may be used as a reference for future locum placements. Please tick the box which most reflects your view on the candidate. Additional comments Future Employment Would you be happy to receive this doctor again for the candidate of the candidate. Lam an authorised signatory for my ward/department/NHS body. Lam signing authorising are accurate and Lapprove payment. Lunderstand that if I knowinglicivil recovery proceedings. Loonsent to the disclosure of information from this formation from the candidate.	Comn Know Profe Relati Relial Timel or a locum to confirm t ly provide fa	al Skills nunication ledge ssionalism onships pility seeping position?	rofile Title and	No Band of Locum Document in disciplinary a	tor and the hours/shift	that I am le to prosecution and	

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 4060 (within England) or 0800 015 1628 (within Scotland).