



GMC Number	Booking Ref / PO No. (if Applicable)
Locum Name	Client Name
Grade / Speciality	Week Ending

	Date	BASIC HOURS				ON CALL HOURS			
		Start Time	End Time	Break	Total Hours	Start Time	End Time	Total Hours	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
<b>TOTAL</b>		<b>TOTAL WEEK BASIC HOURS 'MINUS' THE TOTAL WEEK BREAKS</b>					<b>TOTAL WEEKS HOURS ON CALL</b>		

HAVE YOU RECEIVED HOSPITAL INDUCTION? Yes  No

**TOTAL WEEKS HOURS TO BE PAID**  
**\*TOTAL BASIC HOURS PLUS TOTAL ONCALL HOURS (IF APPLICABLE)**

**Locum** 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.

Signature  Date

**Assessment Form** (Trust / Hospital - We Value your feedback, please can you complete the assessment form below.)

<p>Period of Employment</p> <p>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 box which most reflects your view on the candidate.</p> <p>Additional comments</p>	<table border="1"> <thead> <tr> <th></th> <th>Excellent</th> <th>Good</th> <th>Average</th> <th>Poor</th> </tr> </thead> <tbody> <tr><td>Attitude</td><td></td><td></td><td></td><td></td></tr> <tr><td>Clinical Skills</td><td></td><td></td><td></td><td></td></tr> <tr><td>Communication</td><td></td><td></td><td></td><td></td></tr> <tr><td>Knowledge</td><td></td><td></td><td></td><td></td></tr> <tr><td>Professionalism</td><td></td><td></td><td></td><td></td></tr> <tr><td>Relationships</td><td></td><td></td><td></td><td></td></tr> <tr><td>Reliability</td><td></td><td></td><td></td><td></td></tr> <tr><td>Timekeeping</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Excellent	Good	Average	Poor	Attitude					Clinical Skills					Communication					Knowledge					Professionalism					Relationships					Reliability					Timekeeping				
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Future Employment Would you be happy to receive this doctor again for a locum position? Yes  No

**Client** I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the Job Profile Title and Band of Locum Doctor 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 for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Client Signature	Print Name
Date	Position
Total Approved Hours for Client Pay ___ Hrs (Client signatory to complete)	

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).