

Your World Nursing Timesheet

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PLEASE USE BLOCK CAPITALS WITH BLACK INK ONLY																						
	Candidate First Name:																					
Candidate Last Name:																						
Job Title:																						
	Band / Grade:																					
	Recruiter Name:																					
	NHS Trust Name / Client																					
	Hospital / Site																					
Ward / Department:																						
Email: nursing@ywtimesheets.com Web: yourworldnursing.com								m														
	Please use 24hr	clock form	at HH(F	lours):MM	(Min	nute	es) T	imes	hee	ts m	ust b	e re	eive	d by	mid	lday	on N	1ond	lay		
	Date DD/MM/YYYY	Start Break Start Time Time		Break Finish Time		sh	Finish Time			Hours Worked		E	Booking Reference Number			Authorised Signature						
MON		:	:		:			:			:											
TUE		:	:	:		:		:			:											
WED		:	:					:			:											
THU		:	:			:		:			:											
FRI		:	:		:			:			:											
SAT		:	:		:				:		:											
SUN		: :		:			:			:												
Please be aware that Your World will process hours worked in accordance with the times captured and not the totals on the timesheets which can sometimes be incorrectly calculated.																						
			Please tell	us how Y\	NRG ager	ncy work	er per	rformed	during	the shif	t: (pleas	e 🗸 one	box)									\neg
Excellent Satisfactory																						
Good Unsatisfactory																						
		Pleas	e confirm tha	at the Indi	uction wa	s compl	eted ((please	✓ one b	ox)	Yes	<u> </u>		No]							
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 I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution 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.																						

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. 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	/	/					

- $\cdot \ I \ understand \ that \ if \ I \ knowingly \ provide \ false \ information \ this \ may \ result \ in \ disciplinary \ action \ and \ I \ may \ be$ 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	/	/					