Each timesheet must have a UNIQUE reference number or it will not be accepted.

Timesheet Ref No : H044905

Tel **08448 404 404**

Email **timesheets@dh24.co.uk**

Direct Healthcare 24 Ltd

Registered in England & Wales, Registered Number: 08741677
Registered Address: Hygeia Building
1st Floor, 66-68 College Road
Harrow, England
HA1 1BE

This must be posted or handed in to Direct Healthcare 24 at the address (above) by 12pm on Monday in order to facilitate payment. Please press firmly with a black ballpoint pen.

Hospital / Home			
Address			
Telephone No			
Name of Ward		Type of Ward	
Candidate / Nurse Name		Qualification / Post	
Employee No		Week Ending (Sunday)	

Day rate and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client.
Please check with your Direct Healthcare 24 contact as to which shift pattern applies before accepting an assignment.

DAY	D ATE e.g. 01/07/17	START TIME e.g. 08:00	FINISH TIME e.g. 16:00	NUMBER OF HOURS	BREAK TIME	TIME WORKED	GRADE OR TYPE	BOOKING REF. NUMBER	AUTHORISED BY
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									
Total Hrs									

Total Pay Hours in Words (Excluding Breaks)	

Approved Signatory

I agree to the above named person(s) worked hours shown above and by signing the timesheet we agree to pay your account in accordance with your terms of business. I understand that a further copy of your terms of business is available on request.

I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise 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 Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

Signed by ---------- Print Name ---------- Date ----------

Feedback / Reference Form (For Client Only)

Poor – 1 Satisfactory – 2 Good – 3 Excellent – 4 Unable to comment – n/a

Type	1	2	3	4	n/a	Comments
Clinical Skills						
Clinical Knowledge						
Organizational Skills						
Management Skills						
Willingness To Learn						
Contribution to the department						
Punctuality						
Reliability						
Self Motivation						

Were there any concerns or issues with the worker?	Yes / No
Would you be happy to have the candidate back?	Yes / No

Induction Completed by Client (only applies to first shift)	Yes / No

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line.

PLEASE SIGN AND RETURN THE TOP AND 2ND PAGE TO DIRECT HEALTHCARE 24.
3RD PAGE TO BE KEPT BY THE TEMP, 4TH PAGE TO BE KEPT BY THE CLIENT.

Candidate Working

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/days detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and the civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed by ---------- Print Name ---------- Date ----------