

Agency Worker Details:

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| Forename(s): | Grade: |
| Surname: | Speciality: |
| | Placement Code: |

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| Client Name: |
| Client Site: |
| Client Dept: |

Working hours:

| | Date | Booking Ref | Start Time | Finish Time | Break | Overtime | Worked Hours | On Call Hours | Combined Hours | Daily Authorised Signature for Worked Hours |
|-----|------|-------------|------------|-------------|-------|----------|--------------------|---------------|----------------|---|
| Mon | | | | | | | | | | |
| Tue | | | | | | | | | | |
| Wed | | | | | | | | | | |
| Thu | | | | | | | | | | |
| Fri | | | | | | | | | | |
| Sat | | | | | | | | | | |
| Sun | | | | | | | | | | |
| | | | | | | | Total Hours | | | |

Weekly Hours Authorised by the Client:

| | |
|---------------------|-----------|
| Print Name: | Position: |
| Client Signature: X | Date: |

Agency Worker 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 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 declare that I am fit to work & that I will promptly inform the Company if this does or is likely to change. I have received an induction and orientation by the Client for this assignment, including details of any onsite health & safety requirements and I have access to personal protective equipment. I confirm that I have not worked for this Client via another employment business within the previous twelve calendar weeks and that I am responsible for monitoring my hours of work in relation to the Working Time Regulations. I have read, understood and agree to the Terms of Engagement supplied to me by the Company.

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| Agency Worker Signature: X | Date: |
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Client declaration: I am an authorised signatory for my ward/department/Company/NHS body. I am signing to confirm that the Job Title and Band (where applicable) of the Agency Worker 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. I acknowledge that the standard terms of business or other terms of business as stated on the Confirmation of Booking have been made available to me and are accepted and that an introduction fee may be chargeable should a transfer of the Agency Worker either to direct/permanent employment or engagement by a third party occur.

NHS Fraud & Corruption Line: Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you must 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).