



4<sup>th</sup> floor  
 1 Belle Vue Square  
 Broughton Road  
 Skipton BD23 1FJ  
 Tel: 0208 099 6943  
 Fax: 01756 601344

Doctors full name:  
 Grade  
 Speciality

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Hospital name:

Date	Start Time	Finish Time	Breaks	Hours Worked
<b>Total Hours Worked:</b>				

**Trust Break Policy: 30mins/shift**

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 this 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 received induction and orientation at the start of this locum/have previously received induction/orientation at this hospital within the past year.**  YES  NO  
 If YES, please provide date of induction \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_

**All authorised timesheets need to be received by close of business on a Monday to be paid by the Friday.**

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 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 (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (caps): \_\_\_\_\_

Position (caps): \_\_\_\_\_

\*\*\*\*\* **This timesheet must be authorised by a Consultant** \*\*\*\*\*

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)