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TIMESHEET

Candidate Name : Candidate ID :												
Candidate GDC No :			1st Line of Address :				Post Code:					
Client Name: Department :												
	I	1	1									
Day	Date	Start Time	e Finish Time	Breaks			Total Hours					
					Start Time	Finish Time						
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
					TOTAL WEEKLY HOURS:							
				_								
Employee's Declaration:					Locum Place	ment Assessment For	<u>m</u>	1				
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					Please ✓ as app additional comm statements mad	Unable to comment	Poor	Satisfactory	Good	Very Good	Excellent	
Signature:					Clinical skills de requirements of							
Name:					Relationships healthcare work							
Date:					Timekeeping an	d management of workload				1		
					Patient record management							
Client Declaration Authorised on Behalf of the Client by:					Reliability							
I am an authorised signatory for my practice. I am signing to confirm that both the					Communication							
nurse 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.					Supervisory skill							
					Organisational a							
I confirm our acceptance and compliance with Dentafind Ltd Terms of Business					Additional comm	nents in support of the staten	nents mad	е				
Signature:												
Name:					Signature:			_	_			
Position:			······		Name:							
Date:					Position:							
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Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England)