

# Timesheet

Booking details

Please email back to:

[southwalestimesheets@bluestonesmedical.co.uk](mailto:southwalestimesheets@bluestonesmedical.co.uk)

or 0808 171 0009



Surname

Forename

Please ensure your timesheet is signed and dated by you and the client.

Health Board/Trust

Please ensure that you have got your booking reference number or PO number from Sirenum, your consultant or the client.

Hospital/Team/Ward

Location

Please ensure you send in your timesheet by 11am each Monday - to be paid on the Friday of that week.

Day	Date	Booking Ref Number / PO Number	Start Time	End Time	Unpaid Break In minutes	Total Hours Worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

## WORKER DECLARATION (Candidate)

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 Authority, other Public Sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Sign .....

Print ..... Date .....

## AUTHORISED SIGNATORY (Client)

I am an authorised signatory for my Ward/Department/NHS/Public sector body/Private sector body. I am signing to confirm that the Job profile Title and Band/Grade of Temporary Workers 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 Authority, other Public Sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Sign .....

Print .....

Position .....

Contact .....

Date ..