



PLEASE FAX OR EMAIL TIMESHEETS TO:

Email: finance@edstaffing.co.uk **Fax:** 0203-757-8477

Emergency Department Staffing Limited | 19-21 Great Tower Street | London, EC3R 5AR

| Tel +44 (0) 203 727 2009 www.edstaffing.co.uk | Registered in England and Wales. Registered Company No. 09086918. VAT No 200414969

Trust/Hospital			
Locum Name		Booking Ref No.	
GMC No.		Grade	Specialty

Week Ending date: / / (DD/MM/YY)

	Date	Shift Start	Break start	Break End	Shift End	Actual Hours	PO No – Client use only
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Total:							

Mileage/Ticket price		Cost claimed	
----------------------	--	--------------	--

Note: breaks may be deducted subject to Trust Policy.

Note: Travel will only be paid if authorising has been received from ED Staffing at the time of booking. All receipts must be attached to claim.

I confirm I was given an induction by the trust prior to the commencement of my 1st shift at the client/trust shown above. Please tick to confirm

Have you been shown local arrangements for Fire emergency e.g. exits, evacuation procedure, alarm and assembly points? Fire emergency dial [local hospital number] **Please tick to confirm**

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 Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that I have been inducted in line with the trust local procedures and policies and that I have been made aware of and given all relevant access to my Day 1 rights."

Note: Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (England) or 08000151628 (Scotland).

Please tick box to confirm your agreement with the last statement:

Locum Signature		Print Name		Date	
-----------------	--	------------	--	------	--

Authorisations:

"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 Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that the above mentioned doctor has been made aware of all our trust policies and procedures and has been inducted accordingly, we have also made them aware of their Day 1 rights and given them the relevant access."

Authorised Signature		Print name		Date	
Position					

Locums Assessment – To be completed by shift manager

As part of ED Staffing continuous development plan and assessment of our locums, please rate the qualities of the candidate named above by ticking the appropriate boxes.

	Excellent	Good	Satisfactory	Poor	N/A
Clinic Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any concerns regarding the above locum?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Would you re-employ this locum?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Additional comments					

By signing this assessment you agree ED Staffing can use this form as a reference for the named locum. All references will be placed in their file which can be viewed by the locum under the Data Protection Act 1998.

Referee Signature		Date	
-------------------	--	------	--

Note: To avoid delay with your payment, please ensure that all hours worked are authorised and the timesheet reaches us no later than Monday 8.30 am.