

AHP/HSS Timesheet & Assessment



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Please note all Timesheet submissions must be made within 30 days of shift completion.

Candidate Name

Candidate Band

Reference Number

Candidate signature

Week Ending

Trust/Organisation

I declare the information provided is correct and complete. I understand if I provide false information this may result in disciplinary action and I may be liable to prosecution. I consent to the disclosure of information from this form to and by the authority, other public sector body and private entities who have similar requirement and the Counter Fraud Services for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

	Date	Start Time	Finish time	Break	Hours	Booking reference number
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						
TOTAL HOURS WORKED:						
Additional Information: On call Hours:						
Induction and Orientation Training:						
Please circle to confirm whether you received an induction on day 1 of assignment						Yes / No
Did it include fire training?						Yes / No

Please tick as appropriate

Unable to comment Poor Satisfactory Good Very good Excellent

Clinical Skills Demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Skills (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Sickness/absence record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with patients & other workers and the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorisers signature:

Authorisers PRINT NAME:

Ward/Department::

Date signed:

I am the authorised signatory for my ward/dept/NHS/Public/Private sector body. I am signing to confirm that the Job Profile Title and Band of Worker and the hours/shifts that I am authorising are accurate and I approve of the 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 NMS body and the NHS CFSMS in England and Corruption Reporting Line on 0800 028 4060.

Timesheets will be rejected if:

1. It is not clear to read or it has not been scanned as a PDF/JPEG **2.** The hours and breaks on your time sheet do not add up **3.** You have not added a reference number where one is required **4.** It is not signed or is incomplete **5.** The incorrect ward is not on the timesheet (please state if you worked on a different ward to where you was booked) **6.** You have used an incorrect timesheet for the place you have worked. **7.** If you have worked at multiple wards you need to complete a separate timesheets.