

Standby Healthcare Agency Worker Time Sheet

Welcome to Standby Healthcare.

Please submit the signed timesheet by **Monday 10am** and scan to timesheets@standbyhealthcare.com

Payroll queries, please call 0191 646 0100 or send an email to payroll@standbyhealthcare.com

Please ensure a photocopy is provided to the Client when requested, and that you keep your own copy safe.



Hospital / Care home		Candidate Name	
Address		Qualification / Post	
Name of Ward		Reference / Order Number	

Candidate must complete this section						Client must complete this section				FEEDBACK (Client ONLY) Scale of 1 (poor) to 5 (excellent) Please circle to accrue <i>Clinical Skills</i> 1 2 3 4 5 <i>Dedication</i> 1 2 3 4 5 <i>Contribution</i> 1 2 3 4 5 <i>Organisation</i> 1 2 3 4 5 <i>Punctuality</i> 1 2 3 4 5
Date	Start Time	Finish Time	Number of Hours	Break Time	Time Worked	Grade or Type	Authorised By	Signature		
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
TOTAL HOURS										
Total hours for the week excluding breaks Please write in full word format i.e. 'Thirty Hours Only'										

CANDIDATE: I declare 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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Client (NHS/nursing home/residential home etc.) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

CLIENT: The above-named Candidate / Nurse supplied by Standby Healthcare 2 Limited (the Company) worked the hours shown in the table and by signing this Time Sheet we (the Client) agree that the quality of the work carried out by the Candidate is satisfactory and to pay the Company in accordance with your Terms of Business. We also understand and agree that if we engage the Candidate named here in on a permanent basis within 6 calendar months of the date shown on this Time Sheet we shall pay your introduction fee for permanent staff.

Candidate Signature		Authorised By Client Signature	
Print Name		Print Name	