



Wholistic Care & Supported Living

SUITE 25, THE GENERATOR BUSINESS CENTRE,
95 MILES ROAD, MITCHAM CR4 3FH
Tel: 0208 408 1533, 0749 067 6227, 0746 053 8553
EMAIL: TIMESHEET@WHOLISTICAREPROFESSIONALS.COM

Candidate Name: _____

Job Title: _____

Grade / Band: _____

Booking Reference No.: _____

Name of Trust / Hospital: _____

Department/Ward: _____

PLEASE COMPLETE AND RETURN THE TIMESHEET BY MONDAY 12.00 NOON
TIMESHEET IS NOT VALID UNLESS SIGNED OFF BY CLIENT REPRESENTATIVE
You MUST complete a new Timesheet for each client. If you have any queries about how to complete the Timesheet,
please speak with Wholistic Care Consultant.

	Date DD/MM/YY	Start Time	Finish Time	Break Start	Break Finish	Total Hours Worked	Total Hours To Be Paid	Signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Please use 24 hour clock			Total Hours Worked:				NB: Breaks MAY be deducted in line with the relevant Client Break Policy	

To be completed by Head of Department/ Authorised

Signatory

In agreement with Wholistic Care Professionals Limited Terms and Conditions, I confirm that I am an authorised signatory for my Ward/Department/NHS Body. I am signing to confirm that the job title and band of the Agency worker and the hours and/or shifts 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 CFFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature _____

Full Name _____

Position _____

Date _____

Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland)

To be completed by Agency Worker

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 and/or shifts detailed on this timesheet. I understand that if I have knowingly provided 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 CFFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature: _____

Date: _____

Candidate Assessment – Please Complete

	Excellent	Good	Satisfactory	Poor
Clinical Knowledge				
Attitude				
Timekeeping				
Relationships with Colleagues				
Relationships with Patients				
Communication Skills				

Did you have any concerns regarding the candidate:

Yes No

If Yes, please contact: timesheet@wholisticcareprofessionals.com

Are you happy for this candidate to continue working within your department?

Yes No

If No, please contact: timesheet@wholisticcareprofessionals.com

I can confirm that I have undertaken the Client / NHS Trust induction and orientation prior to the commencement of my first shift stated on this timesheet: Yes No