

Timesheet Number (For Office Use Only)	
Candidate Forename	
Candidate Surname	
Candidate Ref (For Office Use Only)	
Band / Grade	
Name of Trust / Hospital	
Ward / Department	



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## Medacs Healthcare Nursing / HCA Timesheet

Please refer to [www.medacs.com/nurse/agency-nursing-timesheet](http://www.medacs.com/nurse/agency-nursing-timesheet) if you would like guidance on how to complete your timesheet.

**Email: [nursingtimesheets@medacs.com](mailto:nursingtimesheets@medacs.com)** (Scan copy only, not photographs)

	Date	Booking Reference	Start Time	End Time	Break Start	Break Finish	Client's initials if no break taken	Hours Worked	For Client Use		
									Name (please print)	Signature & Position	
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Sun											
<b>Please use 24 hour clock</b>								<b>Total Hours Worked</b>			
Travel:							Mileage:				

Staff Evaluation (For Client Use)				
Please rate as: Excellent (E); Good (G); Average (A); Poor (P); Very Poor (VP).			Alternatively email: <a href="mailto:response@medacs.com">response@medacs.com</a>	
Suitability for Assignment		Professional Competency		Timekeeping
Personal Presentation		Flexibility & Adaptability		Ability to Work with Others
Communication Skills		Records Management		Organisation Skills
Authorised Signature:				

**To be completed by Authorised Signatory**

I am an authorised signatory for my ward/department/NHS/Public Sector body/ Private Sector body. I am signing below to confirm that the Job Title and Band/Grade of Temporary Workers and the hours/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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS, other Public Sector bodies and Private entities with similar requirements and the Counter Fraud Service (or other similar organisations which operate in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. 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 Counter Fraud Services Wales.

Authorised Signature.....  
 Authorised Name.....  
 Position.....  
 Date.....

**To be completed by the 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/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 Authority, other Public Sector bodies and Private entities who have similar requirements and the Counter Fraud Services (or other similar organisations which operate 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.

I have attended an NHS induction and hold a valid Medacs Healthcare ID Badge.  
 Worker's Signature.....  
 Worker's Name.....  
 Date.....