



This must be posted or handed in at the Head Office address (above) by 12pm on Monday in order to facilitate payment. Please press firmly with a black ballpoint pen.

Form with fields: Hospital / Home, Address, Telephone No, Name of Ward, Type of Ward, Candidate / Nurse Name, Qualification / Post, Employee No, Week Ending (Sunday)

Day rate and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client. Please check with your Platinum Nursing 24 contact as to which shift pattern applies before accepting an assignment.

Table with 10 columns: DAY, DATE, START TIME, FINISH TIME, NUMBER OF HOURS, BREAK TIME, TIME WORKED, GRADE OR TYPE, BOOKING REF. NUMBER, AUTHORISED BY. Rows for Mon-Sun and Total Hrs.

Total Pay Hours in Words (Excluding Breaks)

Approved Signatory

I agree to the above named person(s) worked hours shown above and by signing the timesheet we agree to pay your account in accordance with your terms of business. I understand that a further copy of your terms of business is available on request.

I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise 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 Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

Signed by, Print Name, Date

Candidate Working

Refer a friend and earn up to £££. Terms apply

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/days 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 the civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer 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.

Signed by, Print Name, Date

Feedback / Reference Form (For Client Only)

Poor - 1 Satisfactory - 2 Good - 3 Excellent - 4 Unable to comment - n/a

Table with 7 columns: Type, 1, 2, 3, 4, n/a, Comments. Rows include Clinical Skills, Clinical Knowledge, Organizational Skills, Management Skills, Willingness To Learn, Contribution to the department, Punctuality, Reliability, Self Motivation.

Were there any concerns or issues with the worker? Yes / No
Would you be happy to have the candidate back? Yes / No

Induction Completed by Client (only applies to first shift) Yes / No

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line.

PLEASE SIGN AND RETURN THE TOP AND 2ND PAGE TO PLATINUM NURSING 24. 3RD PAGE TO BE KEPT BY THE TEMP, 4TH PAGE TO BE KEPT BY THE CLIENT.