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Candidate Name			
Hospital/ Organisation			
Ward		Band	
Booking Reference		Speciality	

**TIMESHEET**

Date (dd/mm/yy)	Start	Finish	Break Start	Break End	Hours
Mon / /					
Tue / /					
Wed / /					
Thu / /					
Fri / /					
Sat / /					
Sun / /					

**Total Hours Worked:**

**Candidate Assessment (please complete)**

	Excellent	Good	Average	Poor
Clinical Skills				
Reliability				
Punctuality				
Relationships with colleagues				
Relationships with patients				

**Temporary Worker Signatory:** 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 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 CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Locum Signature \_\_\_\_\_

Date \_\_\_\_\_

I can confirm that I have undertaken a Client / NHS Trust induction and orientation prior starting my first shift stated on this timesheet:

Yes  No

	Yes	No
Would you work alongside this candidate again?		
Did you have any concerns regarding this candidate?		

If yes, please contact: [hr@globelocums.co.uk](mailto:hr@globelocums.co.uk)

Additional Comments:

**Authorizing Signatory:** I confirm the above hours and expenses claimed are correct. I am an authorizing signatory for my ward / department / NHS body. I am signing to confirm that the Job Profile title and Band of Locum and the hours / shift that I am authorizing 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 CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Full Name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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 3-4 Holborn Circus  
 London EC1N 2HA  
 Phone: 020 7229 2620  
 Fax: 020 8196 2380

**PLEASE SUBMIT YOUR TIMESHEET BY 10:00 TUESDAY.**  
**TIMESHEETS MAY BE SENT BY SCANNING AND EMAILING THEM TO**  
**[timesheets@globelocums.co.uk](mailto:timesheets@globelocums.co.uk) OR BY FAX TO 020 8196 2380**  
**WE WILL NOT ACCEPT CAMERA PHONE PICTURES OF TIMESHEETS**