


# NURSES/HCA HOSPITAL & CARE HOME TIMESHEET

eMail to : [payroll@bfshealthcare.co.uk](mailto:payroll@bfshealthcare.co.uk) Tel : 02890741036

Company Registration Number NI673988

	Name: _____ ID NO. _____
	Week Ending: _____
	Band/Designation: _____
	Ward/Unit: _____
	Name of Hospitals/ Care Homes: _____

**NOTE: PICTURE COPY, DARK & BLURRED COPY OF TIME SHEETS WILL NOT BE PAID.**

Timesheet MUST be received by 11:AM on Monday via email above (CScan copy only)						
Days of the week	Date DD/MM/YY	Time Start	Time Finish	Hrs/Mins. Break Deduction	Net Hours Worked	Reference No.
		Use 24 hours clock format				
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Total Net Hours Worked ==> >> >>> \_\_\_\_\_

**To be completed by Agency Staff / Worker**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I can confirm that I have undertaken the Client/NHS Trust/ Care Homes induction and orientation prior to the commencement of my first shift started on this timesheet YES \_\_\_ NO \_\_\_

**To be completed by Head of Department/Authorized signatory**

Signature: \_\_\_\_\_

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

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate Assessment - Please Complete				
	Excellent	Good	Satisfactory	Poor
Clinical Knowledge				
Attitude				
Time Keeping				
Relationships with Colleagues				
Relationships with Patients				
Communications Skills				
Do you have any concerns regarding the candidate? YES ___ NO ___ If yes, please contact <a href="mailto:admin@bfshealthcare.co.uk">admin@bfshealthcare.co.uk</a>				
Evaluated by (Signature)				