

DOC26

ASPIRE LOCUMS

TIMESHEET - Fax No: 0870 803 3092



Candidate Name:	Client Name:
GMC:	Booking Reference:
Weekending Date:	Month:

Monday	Session	Start	End	Total	Visits	Travel	Candidate Signature	Client Authorised Signature
	am							
	pm							
	o/c							
Tuesday	Session	Start	End	Total	Visits	Travel	Candidate Signature	Client Authorised Signature
	am							
	pm							
	o/c							
Wednesday	Session	Start	End	Total	Visits	Travel	Candidate Signature	Client Authorised Signature
	am							
	pm							
	o/c							
Thursday	Session	Start	End	Total	Visits	Travel	Candidate Signature	Client Authorised Signature
	am							
	pm							
	o/c							
Friday	Session	Start	End	Total	Visits	Travel	Candidate Signature	Client Authorised Signature
	am							
	pm							
	o/c							
Saturday	Session	Start	End	Total	Visits	Travel	Candidate Signature	Client Authorised Signature
	am							
	pm							
	o/c							
Sunday	Session	Start	End	Total	Visits	Travel	Candidate Signature	Client Authorised Signature
	am							
	pm							
	o/c							

Candidate Declaration: "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 for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

Client Declaration: "I am an Authorised signatory for my ward/department/NHS body. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift 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 CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

Office Use:	
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Please remember to exclude any meal breaks or rest periods

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