

Nurse Name		Client Name	
Band / Speciality		Week Ending	
Ward			

	Date	Hours			
		Start Time	Breaks	End Time	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL		TOTAL BASIC HOURS			

HAVE YOU RECEIVED HOSPITAL INDUCTION? Yes ☐ No ☐

Nurse

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.

Signature	Date
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Client

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the Job Profile Title and Band of the Nurse 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.

Client Signature	Date
Print Name	Position

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).

**Fax your completed time sheet to 01908 776478 or alternatively
email it to timesheet@nationallocums.co.uk | **Deadline: Monday 5pm****