AA Healthcare Services Ltd

Delivering Quality Care in the UK

WEEKLY TIMESHEET

Timesheet should be completed and send to us by 12noon on Mondays

FAILURE TO DO SO WILL RESULT IN YOUR PAYMENT BEING DELAYED

Email: timesheet@aahealth-care.co.uk

Telephone: 07432486358

Carer Name		**Job Title**	
Client Initials		**Client Address**	
Hospital		**Consultant**	

Please write your breaks when totalling your hours worked & ensure you use the 24hr clock. Unless NB (No Break) is written in the break column then the break will automatically be deducted

DAY	DATE	START	BREAK	FINISH	(Hours)	Shadowing Please tick	Client Comment/Appraisal/Compliments
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							***Signature*** ***Date***
				TOTAL Hours			

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/shift 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 the 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 persecution of fraud.

Name		**Signature**		**Date**		**Position**	

Client Authorization:

I am an authorised signatory for my ward/department/NHS body or other relevant organization, I am signing to confirm that the Job Profile Title and band of the Carer / 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 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 and other relevant organization for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution fraud. I acknowledge that I have read and accepted your terms of business, and I agree to pay any invoice raised as a result of this timesheet. I acknowledge that should any temporary worker introduced by you to us accept an offer of employment from us, a fee calculated in accordance with our normal scale of charges for the introduction of permanent staff will become payable.

Name		**Signature**		**Date**		**Position**	
Note to the Client: ***Please appraise the performance of our worker using the Box provided above.***							