Weekly Timesheet

Larksfield Care Services Limited

Timesheet must be written in BLACK ink.
(A photographic copy of this timesheet using a smartphone will not be accepted)

SCAN YOUR TIMESHEET to: Larksfieldcare@gmail.com or **FAX TO: - 0330 113 8840**

Section 1: Please Complete all in BLOCK CAPITALS

First Name		**Client Name/ Hospital**			
Surname		**Address**			
Week Ending		**Ward**		**Staff Designation**	

Section 2: Please Note if no break is written in the break column then breaks will automatically be deducted.

Note: TOTAL CLAIMABLE HOURS = HOURS MINUS BREAKS

Day	Date	Start Time	Total Break	End Time	Claimable Hours	Ward	Booking Ref	Manager Signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
					Total HRS:			

Section 3: Please ensure your timesheet is completed and signed before scanning by mail or FAX. Also, note all completed Timesheet must arrive before 12noon every Monday. Failure to do so will result in your payment being delayed. All alterations must be initialled by the client's authorised signatory.

Candidate Declaration

I declare that the information I have given on this form is correct and understand that if I knowingly provide false information this may result in Larksfield Care Services ceasing to offer further assignments and liable for prosecution. I consent to the disclosure of information from this form to send by the NHS body/Protect (or otherwise) for the purpose of verification of this claim and the investigation, prevention, detection and persecution of fraud.

Name:	**Signed:**
Position:	**Date**

Client Authorisation:

I am an authorised signatory for my ward/department/NHS Body or other relevant organisation. I am signing to confirm that the Job Profile Title OR Band of Nurse and the hours/shifts that I am authorising are accurate and I approve payment

Name:	**Signed:**
Position:	**Date**

By signing our timesheet you are agreeing to Larksfield Care Services terms and conditions