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THORNBURY
Nursing Services
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www.thornbury-nursing.com
Email: payroll@tnshtd.com

Payroll Line: 0345 120 5333
Credit Control: 0345 120 5335
FAX No.: 01275 547290
Calls may be recorded

Unit A
Estume Business Park
Wild Country Lane
Long Ashton
Bristol
BS41 9FH

1903321

NOTE: White & Blue copies: Accounts, Yellow copy: Client, Pink Copy: Nurse

IMPORTANT: Please press firmly with a black ball point pen and write in capitals to ensure that all copies are legible. No correction fluid may be used.

Name and address of client:
ABC HOSPITAL

Ward or Unit:
TNS WARD

Name of Nurse:
FRED SMITH

TNS Nurse Number:
X1234

DAY	DATE	START TIME (24hr clock)	FINISH TIME (24hr clock)	BREAK (mins)	CLIENT BREAK AUTHORISATION	TRAVEL (please note that mileage will be checked) To claim you MUST complete all 3 parts
WED	21/10/15	0600	1500	15	None	Home Postcode: BS40 9FA Return mileage: 63 Vehicle used: S (S for car for motorcyclists or bicycle) Miles travelled: 30 minutes for shifts 6.30-12.30, 30 minutes for night shifts. For night shifts, you MUST complete the break & duty related details

REST BREAKS: Unless otherwise agreed between Agency and Client. For shifts up to 8 hours in length rest break is included. For shifts of 8 to 8.75 hours, 30 minutes for night shifts. For night shifts, you MUST complete the break & duty related details. For shifts of more than 8 hours in length, 2 hr. if a break is offered by a client, it will be included. If an alternative other than the standard break or no break is offered, you MUST complete the break & duty related details required to initial to authorise. If no break is offered you must write 'No Break'.

Nurse's Signature: *[Signature]* SB HMC Pin: **AB21436724**

Notes/Booking reference:

For Client Only
Initial if booked at specialist rates:
Initial if in charge of specialist unit: *[Signature]*

Client Signature: *[Signature]*
Printed Name: **JOE BLOKE**
Date: **21/10/15**

I am authorised to sign this timesheet. I have checked that all hours shown and qualification claimed together with any specialist enhancements are correct. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.

All timesheets for the week ending Friday must be returned to the office by 12 noon Monday. Faxed and photocopied timesheets cannot be accepted.

Please comment on the overall performance of this nurse during the shift.
Please tick (✓)
Excellent Very Good
Good Average

If a uniform was worn YES NO
Thornbury one YES NO

If you would like us to contact you regarding the above please tick
Name: _____
Tel No: _____

I confirm the above details are correct to the best of my knowledge and belief. In addition I declare that any travel costs I have claimed have been necessarily incurred in the performance of my duties or travelling in order to perform my duties with Thornbury at a temporary workplace and I have endorsed or retained receipts or other valid contemporaneous records of expenses incurred. Unendorsed travel details will be checked before the timesheet is paid. Any incomplete or illegible timesheets will result in the form being returned to the nurse and a delay in payments. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. Thornbury Nursing Services will co-operate with any organisation investigation in respect of this timesheet. I accept this information declared may be passed to their parties including, HES trusts, hospitals, NHS auditors, law and law enforcement authorities and employment screening agencies in connection with my engagement.

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Name and address of client: ABC HOSPITAL	Dual Worked <input checked="" type="checkbox"/>	Tick below RN <input checked="" type="checkbox"/> MEWFFE HCA OR CALL NIGHT SITTER NMC/CARE ASSISTANT	Please comment on the overall performance of this nurse during the shift. Please tick (✓) Excellent <input checked="" type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>	For Client Only Initial if booked at specialist rates: Initial if in charge of specialist unit:															
Ward or Unit: TNS WARD	If a uniform was worn give it a Thornbury one YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Client Signature: Printed Name: JOE BLOGGS															
Name of Nurse: FRED SMITH	If you would like us to contact you regarding the above please tick <input type="checkbox"/>			Date: 21/10/15 <small>I am authorised to sign this timesheet. I have checked that all hours shown and qualification claimed, together with any specialist endorsements are correct. I understand that if knowingly authorising false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.</small>															
TP Nurse Number: X1234	Home Postcode: BS54 9F44 Return mileage: 63																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>DAY</th> <th>DATE</th> <th>START TIME (24hr clock)</th> <th>FINISH TIME (24hr clock)</th> <th>BREAK (mins)</th> <th>CLIENT BREAK AUTHORISATION</th> <th>Travel (please note that mileages will be checked) To claim you MUST complete all 3 parts</th> </tr> </thead> <tbody> <tr> <td>WED</td> <td>21/10/15</td> <td>0600</td> <td>1500</td> <td></td> <td></td> <td>Vehicle used: C for Car, M for Motorcycle or B for Bicycle Home Postcode: BS54 9F44 Return mileage: 63</td> </tr> </tbody> </table>	DAY	DATE	START TIME (24hr clock)	FINISH TIME (24hr clock)	BREAK (mins)	CLIENT BREAK AUTHORISATION	Travel (please note that mileages will be checked) To claim you MUST complete all 3 parts	WED	21/10/15	0600	1500			Vehicle used: C for Car, M for Motorcycle or B for Bicycle Home Postcode: BS54 9F44 Return mileage: 63	<small>REST BREAKS - Unless otherwise agreed between Agency and Client. For shifts up to 8 hours in length no break is deducted. For shifts of 8 to 12 hours, 20 minutes for shifts 8 & 12 hrs, 30 minutes for night duty, and day shifts of more than 10 hours in length. 1 hr. If a break is offered by a client, it will be deducted. If an alternative other than the standard break or no break is offered, you MUST complete the break actually taken and the client is required to initial to authorise. If no break is offered you must write "No Break".</small>				
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WED	21/10/15	0600	1500			Vehicle used: C for Car, M for Motorcycle or B for Bicycle Home Postcode: BS54 9F44 Return mileage: 63													
Nurse's Signature:	SB DB	NMC Pin: A521436924	Notes/Booking reference:																

I confirm the above details are correct to the best of my knowledge and belief. In addition I declare that any travel costs I have claimed have been necessarily incurred in the performance of my duties or travelling in order to perform my duties with Thornbury at a temporary workplace and I have enclosed or retained receipts or other valid contemporaneous records of expenses incurred. I understand these details will be checked before the timesheet is paid, any discrepancies or illegible timesheets will result in the form being returned to the nurse and a delay in payments. I understand that if knowingly providing false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. Thornbury Nursing Services will co-operate with any enquiries/investigations in respect of this timesheet. I accept that information disclosed may be passed to third parties including NHS trusts, hospitals, NHS auditors, tax and law enforcement authorities and employment screening agencies in connection with my engagement.

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<p>Name and address of client: ABC HOSPITAL</p> <p>Ward or Unit: TNS WARD</p> <p>Name of Nurse: FRED SMITH</p> <p>TNS Nurse Number: X1234</p>	<p>Quals Worked</p> <p>HN <input checked="" type="checkbox"/></p> <p>MIDWIFE</p> <p>HCA</p> <p>ON CALL</p> <p>NIGHT SITTER</p> <p>HOMECARE ASSESSMENT</p>	<p>Tick Below</p> <p><input checked="" type="checkbox"/></p>	<p>Please comment on the overall performance of this nurse during the shift.</p> <p>Please tick (+)</p> <p>Excellent <input checked="" type="checkbox"/> Very Good <input type="checkbox"/></p> <p>Good <input type="checkbox"/> Average <input type="checkbox"/></p> <p>If a uniform was worn as a Thornbury one YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If you would like us to contact you regarding the above please tick <input type="checkbox"/></p> <p>Name: Tel No:</p>	<p>For Client Only</p> <p>Initial if booked at specialist rates: Initial if in charge of specialist unit:</p> <p>Client Signature: <i>[Signature]</i></p> <p>Printed Name: JOE BLOGGS</p> <p>Date: 21/10/15</p> <p><small>I am authorised to sign this timesheet. I have checked that all hours shown and qualification claimed, together with any specialist enhancements are correct. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.</small></p>																
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WED	21/10/15	0600	1500	/		Home Postcode: BS41 9FH Return mileage: 63														
<p>Nurse's Signature: <i>[Signature]</i></p>		<p>SB <input type="checkbox"/> DB <input checked="" type="checkbox"/></p> <p>NMC Pin: AB21236924</p>		<p>Notes/Booking reference:</p>																

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Rotate the timesheet if necessary
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06:32

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Name and address of client: **ABC HOSPITAL**

Ward or Unit: **TNS WARD**

Name of Nurse: **FRED SMITH**

TNS Nurse Number: **X1234**

Day: **WED** Date: **21/10/15** Start Time (24hr clock): **0600** Finish Time (24hr clock): **1500** Break (mins): **30** Client Break Authorisation: **YES**

Travel (please note that mileage will be checked) To claim you MUST complete all 3 parts
 Home Postcode: **BS41 9FH** Return mileage: **63**
 Vehicle used: **C** (C for Car, M for Motorcycle or B for Bicycle)

Best Breaks: Unless otherwise agreed between Agency and Client, for shifts up to 8 hours a 15 min break is deducted. For shifts of 6 to 8.15 hours, 20 minutes for shifts 6 & 12 hrs, 30 minutes for shifts 6 & 12 hrs, 30 minutes for night duty, and required to attend to authorise. If no break is offered you must write "No break".

Nurse's Signature: *[Signature]* SB: **DB** NMC Pin: **AB21236924**

Notes/Booking reference:

I confirm the above details are correct to the best of my knowledge and belief. In addition I declare that any travel costs have claimed have been reasonably incurred by the performance of my duties or travelling in order to perform my duties. I understand that any false information provided may result in disciplinary action and I accept that any such information may be passed on to the relevant authorities.

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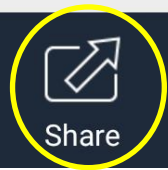
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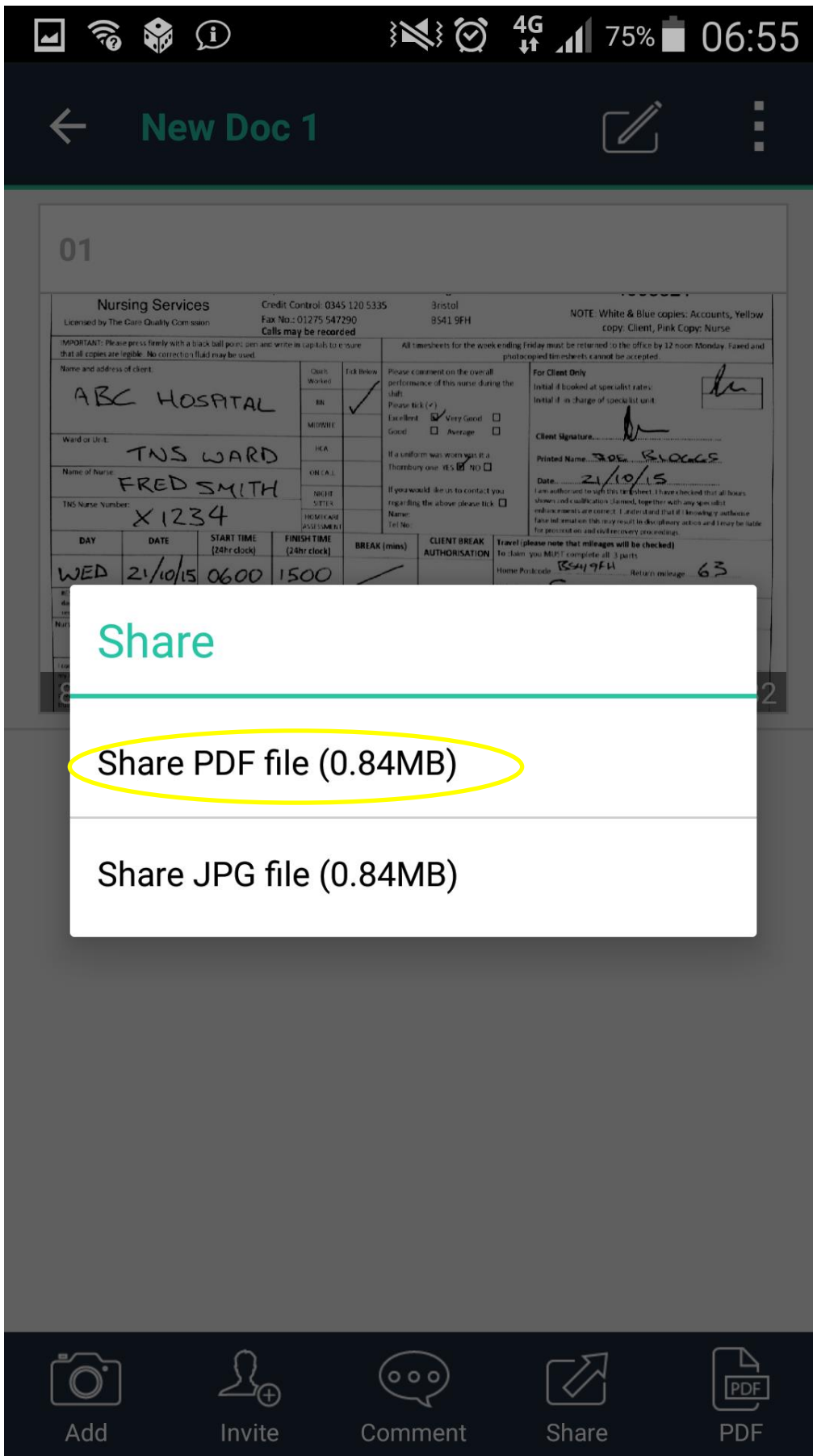


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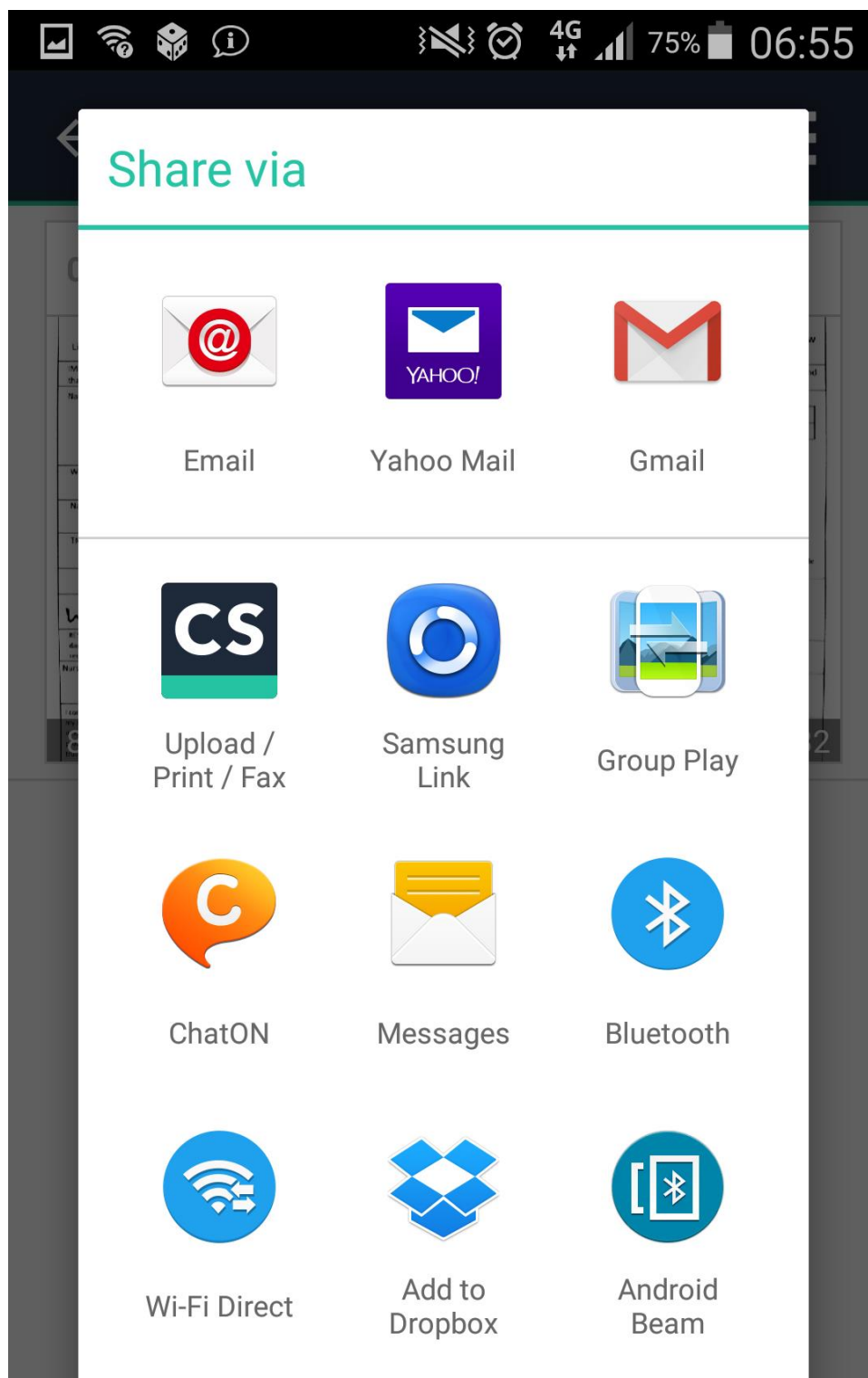


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