



My Docs(0)



- 1) Press the Camera button
- 2) Turn flash off
- 3) Take the photo



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4) The app automatically crops your Timesheet

5) Press the tick to continue

www.thornbury-nursing.com
 Email: gpayroff@tsahd.com
 Thornbury Nursing Services
 Licensed by The Care Quality Commission

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

1984870

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

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

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

Name and address of client: _____
 (Name) _____
 (St) _____
 (Postcode) _____
 (City) _____
 (Country) _____

Ward or Unit: _____
 Name of Nurse: _____
 TNS Nurse Number: _____

Please comment on the overall performance of this nurse during the shift.
 Please tick (x1)
 Excellent Very Good
 Good Average
 If a uniform was worn was it a Thornbury one? Yes No
 If you would like us to contact you regarding the above please tick
 Name: _____
 Tel No: _____

For Client Only
 Initial if booked at specialist rehab: _____
 Initial if in charge of specialist unit: _____

Client Signature: _____
 Printed Name: _____
 Date: _____
 I am authorised to sign this timesheet. I have checked that all hours shown and qualifications claimed, together with any specialist enhancements 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.

DAY	DATE	START TIME (24hr clock)	FINISH TIME (24hr clock)	BREAK (mins)	CLIENT BREAK AUTHORIZATION	Travel (please note that mileage will be checked) To claim you MUST complete all 3 parts: Home Postcode: _____ Return Mileage: _____ Vehicle used: _____ (C for Car, M for Motorcycle or B for Bicycle)

NOTE: BREAKS: Unless otherwise agreed between Agency and Client, for shifts up to 8 hours in length no break is deducted. For shifts up to 8 & 1/2 hours, 30 minutes for shifts 8 & 1/2 hrs, 30 minutes for night duty, and day shifts of more than 8hrs in length, 1.5hr. If a break is offered to 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 authorize. If no break is offered you must write 'No Break'.

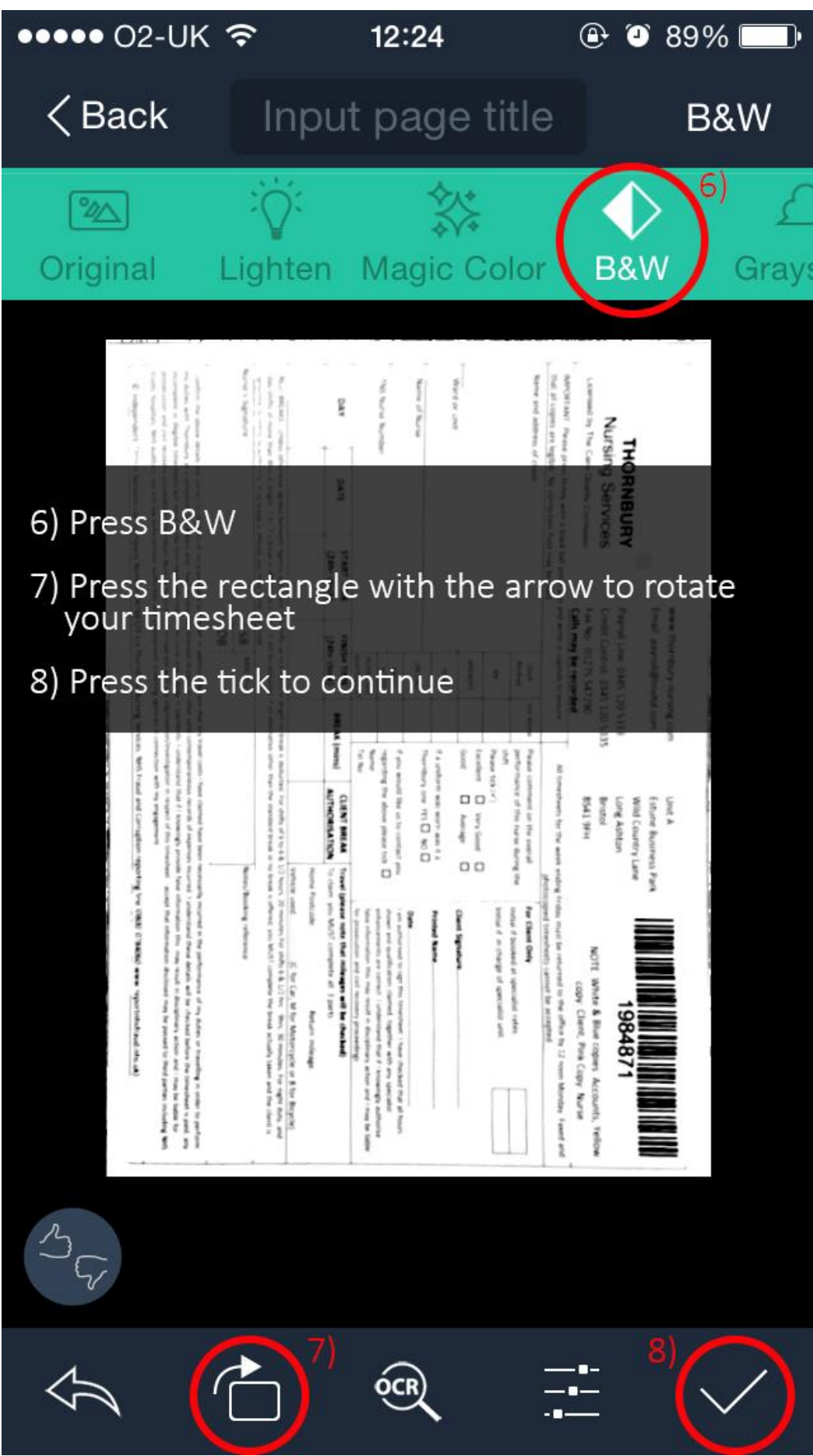
Nurse's Signature: _____
 SB SAC
 DB

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 all relevant receipts or other valid contemporaneous records of expenses incurred. I understand these details will be checked before the timesheet is paid, any discrepancies or duplicate submissions 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 organisation/investigation 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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6) Press B&W

7) Press the rectangle with the arrow to rotate your timesheet

8) Press the tick to continue

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Input page title

B&W



Original



Lighten



Magic Color



B&W



Grays

This is what a rotated timesheet looks like

THORNBURY Nursing Services Payroll Line: 0945 1205333 5542 Country Lane Long Ashton Bristol 5541 9BH
 Licensed by The Care Quality Commission Fax No: 01275 547290 **198487** 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. All timesheets for the week ending Friday must be returned to the office by 12 noon Monday. Faxed and photocopied timesheets cannot be accepted.

Name and address of client: _____
 Ward or unit: _____
 Name of Nurse: _____
 NHS Nurse Number: _____

Worked Yes/No
 Excellent Very Good
 Good Average
 If a uniform was worn was it a Thornbury one? YES NO
 If you would like us to contact you regarding the above please tick Name Tel No.

For Client Only
 Initial if looked at specialist rates
 Initial if in charge of specialist unit
 Client Signature: _____
 Printed Name: _____
 Date: _____
 I am authorised to sign this timesheet. I have checked that all hours shown and qualifications claimed, together with any specialist enhancements 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.

DAY	DATE	START TIME (24hr clock)	FINISH TIME (24hr clock)	BREAK (mins)	CLIENT BREAK AUTHORITY	TRAVEL (please note that mileage will be checked) To claim you MUST complete all 3 parts
						Home Postcode: _____ Return mileage: _____ Vehicle used: _____ (C for Car, M for Motorcycle or B for Bicycle)

NOTE: Mileage - unless otherwise agreed between Agency and Client. For shifts up to 4 hours in length no break is deducted. For shifts of 4 to 8 & 1/2 hours, 20 minutes for shifts 6 & 1/2 hrs, 30 minutes. For night duty and day shifts of more than 8hrs in length 1 hr. If a break is offered to 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 responsible for ensuring it is correct. If no break is offered you must write 'No Break'.

Name & Signature: _____ SB NMC No: _____ Notes/Booking reference: _____
 DB

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 lawfully incurred in the performance of my duties or travelling in order to perform my duties with Thornbury as a temporary substitute and have included 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 may be liable for prosecution and civil recovery proceedings. Thornbury Nursing Services will cooperate with any investigation/inquiry in respect of this timesheet, except that information disclosed may be passed to third parties including NHS, Public, hospitals, NHS auditors, fee and care enforcement authorities and employment screening agencies in connection with my engagement.

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Input page title

Re-edit



9) Press on the Timesheet to preview

10) If it is correct, press the 'More' button

www.thorbury-nursing.com Unit A
 Email payroll@trnhd.com Estate Business Park

71
 Accounts, Yellow
 Copy Nurse
 Monday, Feed and

9) Press on the Timesheet to preview

10) If it is correct, press the 'More' button

Ward or unit: MEDICAL
 Name of Nurse: N/A
 NHS Nurse Number: 1000000000

Excellent Very Good
 Good Average
 If a uniform was worn was it a
 Thorbury one YES NO
 If you would like us to contact you
 regarding the above please tick
 Name: _____
 Tel No: _____

Client Signature: _____
 Printed Name: _____
 Date: _____

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 knowingly false
 information this may result in disciplinary action and I may be liable
 for prosecution and civil recovery proceedings.

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
						Home Postcode: _____ Return mileage: _____ Vehicle used: _____ (C for Car, M for Motorcycle or B for Bicycle)

Notes/Booking reference: _____

SB NHS No: _____
 DB

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 reasonably incurred in the performance of my duties or travelling in order to perform my duties with Thorbury 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. Thorbury Nursing Services will cooperate with any organisation/investigation in respect of this timesheet. I accept that information disclosed may be passed to third parties including NHS, Courts, Insurers, HMRC auditors, tax and social enforcement authorities and employment screening agencies in connection with my engagement.

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Actions



Email



AirPrint



Fax



Upload



Open In



To Album



PDF Preview



Email to myself



SNS

11) If you are happy with your Timesheet, then press 'Email' - this enables you to email straight to us

12) If you are unsure, press 'Email to Myself' - this enables you to email yourself

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Email

JPG file(0.61MB)



PDF file(0.61MB)



13) When emailing, select 'PDF File' - **make sure it's not over 3MB**

Timesheets should be emailed to:-

TNS: timesheets.tns@ukics.com

SNG: timesheets.sng@ukics.com

This is how your timesheet should look, with details clear to read

www.thornbury-nursing.com
 Email: prn@tinsltd.com
 Thornbury
 Licensed by The Care Quality Commission
 Phone Line: 0145 179 5333
 Fax No.: 01275 547290
 Calls may be recorded

Unit A
 Future Business Park
 Old Country Lane
 Lang Ashton
 BS41 9FH



1984870

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

Write in CAPITALS. Write clearly and firmly with a black ball point pen and write in capitals to ensure that all copies are legible. No correction fluid may be used.

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

Name and address of client:		Quals Worked	Tick Below	Please comment on the overall performance of this nurse during the shift. Please tick (✓) Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> If a uniform was worn was it a Thornbury one YES <input type="checkbox"/> NO <input type="checkbox"/> If you would like us to contact you regarding the above please tick <input type="checkbox"/> Name: Tel No:	For Client Only Initial if booked at specialist rates: <input type="text"/> Initial if in charge of specialist unit: <input type="text"/> Client Signature..... Printed Name..... Date..... 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.
Ward or Unit:		RN			
Name of Nurse:		MIDWIFE			
TNS Nurse Number:		HCA			
		ON CALL			

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 Home Postcode.....Return mileage..... Vehicle used.....(C for Car, M for Motorcycle or B for Bicycle)

REST BREAKS - Unless otherwise agreed between Agency and Client. For shifts up to 6 hours in length no break is deducted. For shifts of 6 to 6 1/2 hours, 20 minutes. For shifts 6 1/2 hrs - 9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs 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".

Nurse's Signature:	SB	NMC Pin:	Notes/Booking reference:
	DB		

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 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 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.