Consultant	<u> </u>	MOF	HE (TIE!C	X	YOUR WORLD NURSING			
Candidate	ar evi	aj	Sano	1	Supplying Healthcare Professionals				
Reporting to: 7 SOUTH.						Your World Nursing Ltd. Level 5, Broadgate Tower, 20 Primrose Street, London, EC2A 2EW Level 5, Broadgate Tower, 17935722			
~ Jol	Job Title: RW								
Band/Grade: 5 Name of Trust/Hospital: Ealing NOSPitat.					Level 5, Broadgate Tower, 2007 220 Registered Company Number: 7935722 Your World Nursing Ltd is part of Your World Recruitment Group Tel: 0207 220 0811 www.yourworldhealthcare.com				
									Ward / Depar
Nursing, Email: nu Timesheets must be r	rsing@y	/wtim	eshe	ets.co)M (ma	x 5 MB)	Fax: 020	7 220 6657	
mics needs must be	Date DD/MM/YY	Start Time	Finish Time	Break Start	Break Finish	Hours Worked	Booking Reference Number	Authorised Signature	
Monday							*		
Tuesday				giar.	-			01	
Wednesday	1/4/15	0730	2000	1300	1400	11.5	*	8	
Thursday					1				
Friday				15	7+ 0		-41,3-200		
Saturday									
Sunday		and the second		7.				4 4	
Please Use 24 ho	ur clock				al Hours Worked	11.2		A A	
- I all a second a se				s able to provide a full range of care to patients and their family Ability to organise work within guidelines and professional boundaries					

Clinical/Character Assessment

S: Satisfactory

U: Unsatisfactory

Please email feedback to: feedback@ywrgroup.com

To be completed by Head of Department/Authorised Signatory TO BE READ BY ALL CLIENTS:

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Agency Worker 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 NHS Protect (NHS CFSMS) in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. 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 60 or 0800 028 Reporting Line on Corruption nhsfraud@nhsprotect.gsi.gov.uk

Signature

Print Name

Position

10ex

Date

Declaration: We confirm that the hours and grade/band shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by the terms and conditions of business.

Demonstrates clinical competence Uses initiative and experience to make the right decisions Mantains legible and accurate records Willingness to follow hospital procedure Punctuality and reliability Appearance Relationship with patients

Would you be prepared to have this healthcare worker back in the Ward/Dept.?

To be completed by Agency Worker TO BE READ BY ALL CANDIDATES:

Relationship with colleagues

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 NHS Protect (NHS CFSMS) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature

Print Name

Declaration: I confirm I have worked the above hours. In addition, I declare that any travel and subsistence costs I have claimed have been necessarily incurred in the performance of my duties or travelling in order to perform my duties with Your World Recruitment Group at a temporary workplace. I also declare that any laundry costs I have claimed have been incurred by me wholly, exclusively and necessarily in the performance of my duties.

	and the same of th
Consultant Name:	Savena Banes
Candidate Name:	CADIMHE O'STEA
Reporting to:	5 South
Job Title:	RW
Band / Grade:	RS
Name of Trust / Hospital:	Ealing
Ward / Department:	5 South.
Nursing, HC	A & Midwifery Timeshe



Your World Nursing Ltd.

Level 5, Broadgate Tower, 20 Primrose Street, London, EC2A 2EW Registered Company Number: 7935722

Your World Nursing Ltd is part of Your World Recruitment Group

Name of Trust / Hospital: Calling Ward / Department: 5 (GUT)							Tel: 0207 220 0811 www.yourworldhealthcare.com			
Nursing Email: nu	, HCA 8					eet	f	07 220 665	7	
Timesheets must be							Booking Reference Number	Authorised Signature		
Monday	30/3/15	(F3)	300	1300	1wa	11.5	* &	mila		
Tuesday	3 3/15	0730	2000	1400	1200	11.5	and policy	mich		
Wednesday										
Thursday	d									
Friday				72						
Saturday	SAC			839	4					
Sunday										
lease Use 24 hou	ur clock			То	tal Hours Worked		*		,	
Please complete: G: Good S: Satisfactory U: Unsatisfactory						Is able to provide a full range of care to patients and their family Ability to organise work within guidelines and professional boundaries Demonstrates clinical competence Uses initiative and experience to make the right decisions Mantains legible and accurate records				
To be completed by Head of Department/Authorised Signatory To BE READ BY ALL CLIENTS: I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false						Willingness to follow hospital procedure Punctuality and reliability Appearance Relationship with patients Relationship with colleagues Would you be prepared to have this healthcare worker back in the Ward/Dept.?				
and civil recovery procedom to and by the NHS: CFS in Scotland) for the prevention, detection and immediately brought to ti England) or you may repi Corruption Reporting inhafraud@nhsprotect gai Signature	edings I consent to body and NHS Pro purpose of verifica I prosecution of frau he attention of the ort any case of frau Line on 0	the disclosu tect (NHS CF ition of this cl id. Any quest Local Counte	re of informat SMS) in Engl aim and the i ionable times er Fraud Spe	ion trom this and (or NHS nvestigation, heet must be cialist (within		o be complete O BE READ BY declare that the inat I have not cla inderstand that if inction and I may be the disclosure of ir NHS CFSMS) for inversion, detect Signature Orint Name	ALL CANDIDATES: Information I have given on tallined elsewhere for the hour I knowingly provide false information from this form to air the purpose of verification for and prosecution in financial or and prosecution in fin	this form is correct and complet irs/shifts detailed on this times! irmation this may result in discip- vil recovery proceedings, I cons- nd by the NHS body and NHS P of this claim and the investig	olinary sent to Protect gation,	
Date Declaration. We confirm to been worked to our satisf will be paid on receipt. Business.	faction and that this	will forms the	wn on this tin	avaice Which	n F	erformed subsist	ence costs y duties or travelling in order to y duties or travelling in order to p at a temporary workplace. I p been incurred by me wholly n been incurred.	hours. In addition, I declare the two been necessarily incurred to perform my duties with Your also declare that any laundry of exclusively and necessarily	vvond	

Date