

Locum name			
GMC No.		Grade/Speciality	
Trust/Hospital/Department			

Please submit one timesheet for each hospital and each week worked

	Date	Start Time	Finish Time	Break	Un-social Hours Start	Un-social Hours End	Total Hours	
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
							Total	

Mileage/Ticket Price		Cost Claimed	
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Travel will only be paid if authorisation has been received from Total Assist at the time of booking. All receipts must be attached to claim

Induction
I confirm I was given an induction by the trust prior to the commencement of my 1st shift at the client/trust shown above (please tick to confirm)

ID Badge
I confirm I was wearing my Total Assist ID Badge at all times whilst working at the client/trust shown above (please tick to confirm)

- Declaration**
- I confirm that the information I have given on this form is complete and correct and 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 for prosecution and civil recovery proceedings.
 - I consent to the disclosure of information from this form to 3rd parties and by the NHS body for the purposes of verification of this claim and the investigation, prevention, detection and prosecuting of fraud.

- Authorisation**
- I am an authorised signatory for the Client/Dept/Ward/Trust stated above in compliance with internal processes and procedures. I am signing to confirm that both the grade and hours of the temporary worker stated above is accurate and that I approve payment.
 - 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.
 - I consent to the disclosure of information from this form to 3rd parties and by the NHS body for the purposes of verification of this claim and the investigation, prevention, detection and prosecuting of fraud.

I (as the locum) confirm I have read, understood and agreed to your terms and conditions (please tick to confirm)

Locum signature		Print name		Date	
Authorised signature		Print name		Date	
Position				Order No.	

Our terms of engagement you or your company signed apply to this booking. Any locum taken on a full-time/locum or bank basis, or wishing to change agencies will be subject to the notice period as set out in those terms.

NHS Fraud – any questionable timesheet must be immediately brought to the attention of your local fraud specialist or report any cases of fraud; in confidence, to the NHS Fraud and Corruption Reporting Line: 0800 0284060 (England) or 0800 0151628 (Scotland).

Locum Assessment – To be completed by shift manager

As part of Total Assist Group's continuous development plan and assessment of our locums, please rate the qualities of the candidate named above by ticking the appropriate boxes.

	Excellent	Good	Satisfactory	Poor	N/A
Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral Bonus (Locum use only)

Please add the name and contact details of a colleague. You receive £100 for the first timesheet received and further £100 on the second timesheet received.

Name	
Tel	
Email	

Did you have any concerns regarding the above locum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Would you re-employ this locum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional comments					

By signing this assessment you agree Total Assist can use this form as a reference for the named locum. All references will be placed in their file which can be viewed by the locum under the Data Protection Act 1998.

Referee signature		Date	
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