4th floor 1 Belle Vue Square Broughton Road Skipton BD23 1FJ Tel: 01590 675111 Fax: 01590 700060

Anaesthetists Agency

Doctors full n Grade: Specialty:	ame:			
Hospital name:				
Date	Start Time	Finish Time	Breaks	Hours Worked
Total Hours Worked:				
Trust Break Policy: 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 this NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm I received induction and orientation at the start of this locum/have previously received				
induction/orientation at this hospital within the past year. YES NO If YES, please provide date of induction				
Signed: Date: All authorised timesheets need to be received by close of business on a Monday to be paid by the Friday.				
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 the 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.				
Signed: Date:				
Name (caps):				
Position (caps):********** This timesheet must be authorised by a Consultant ***********************************				