

# ZENTAR HEALTHCARE STAFF TIMESHEET

Please make **THREE** copies of this document.  
 1st Copy: Send ONCE to Zentor Healthcare Limited, 2nd Copy: Leave with Client, 3rd Copy: Keep for you own record.  
 Please complete one time sheet per shift. If there is more than one shift on the Time Sheet, then it will be rejected.

Please email your timesheet before Monday 10am  
 Email: [timesheet@zentar.co.uk](mailto:timesheet@zentar.co.uk)  
 : The Foundry, 77 Fulham Palace Rd.,  
 Post: London, W6 8AF  
 Telephone: 02073480585

**Section 1: Please write in BLOCK CAPITALS your first name on the top line, your surname on the second line and the Client name on the third line. E.g. Hospital name**

<b>First Name:</b>	
<b>Surname:</b>	
<b>Client Name:</b>	

Day	Date	Start time	Finish time	Break	Hours	Ward/ Dep	Booking Ref.	Authorised by
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Feedback on Agency Staff, please circle (5 is excellent)					
Clinical skills suited to the above assignment	1	2	3	4	5
Ability to deliver quality care	1	2	3	4	5
Ability to cope under pressure	1	2	3	4	5
Attitude towards other professionals	1	2	3	4	5
Attitude towards patients	1	2	3	4	5
Appearance ID & Uniform	1	2	3	4	5
Professionalism and conduct	1	2	3	4	5
Infection Control	1	2	3	4	5
Would you allow this person come back?	Yes/ No				

Candidate to complete: Induction and Orientation Training:	
Please circle to confirm whether you received an induction on day 1 of the assignment	Yes/ No

<b>Client signature</b>		<b>Date:</b>	
<b>Print name:</b>		<b>Position / grade:</b>	

I am an authorised signatory for my Ward/Department/NHS Body. The candidate had a full induction on the ward including fire protocols and emergency procedures. I am signing below to confirm that both the grade of Agency Worker and the hours/ shifts that I am authorising is accurate and I approve the payment. 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. I consent to the disclosure of information from this form to and by the NHS Body, Agency, and the NHS Counter Fraud and Security Management Service or any other relevant Authority for verification of this claim and the investigation, prevention, detention, and prosecution of fraud.

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 this disclosure of information from this form to and by any Zentor Healthcare, or its group companies' authorised body for verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I have had a full induction on the ward including practical fire protocols and emergency procedures.

**Agency Staff signature:**

**NHS Fraud & Corruption Line**  
 Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist, or you must report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).

