

Candidate Name: _____

Job Title: _____

Grade / Band: _____

Booking Reference No.: _____

Name of Client: _____

Department : _____



Tel: 01483 374094

www.galaxystaffing.co.uk

TIMESHEET

Timesheets must be received by midday on Monday by Email
(Scans only)

Email to:

timesheets@galaxystaffing.co.uk

	Date DD/MM/YYYY	Start Time	Finish Time	Break Start	Break Finish	Total Hours Worked	Booking Reference	Signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Please use 24-hour clock			Total Hours Worked:				NB: Breaks MAY be deducted in line with the relevant Client Break Policy	

To be complete by Head of Department/ Authorised Signatory

In agreement with Galaxy Staffing Ltd Terms and Conditions, I confirm that I am an authorised signatory for my Ward/Department/NHS Body. I am signing to confirm that the job title and band of the Agency Worker and the hours and/or shifts 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 procedures.

Signature: _____

Full Name: _____

Position: _____

Date: _____

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 Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland)

I can confirm that I have undertaken the Client / NHS Trust induction and orientation prior to the commencement of my first shift stated on this timesheet: ☐ YES ☐ NO

Galaxy Staffing Ltd

timesheets@galaxystaffing.co.uk

To be completed by Agency Worker

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 and/or shifts detailed on this timesheet. I understand that if I have knowingly provided false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings

Signature: _____

Date: _____

Candidate Assessment – Please Complete

	Excellent	Good	Satisfactory	Poor
Clinical Knowledge				
Attitude				
Timekeeping				
Relationship with colleagues				
Communication Skills				
Did you have any concern regarding the candidate: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you happy for this candidate to continue working within your department? <input type="checkbox"/> Yes <input type="checkbox"/> No				