

## Express Nursing Timesheet

**PLEASE USE BLOCK CAPITALS WITH BLACK INK ONLY**

Candidate First Name																				
Candidate Last Name																				
Job Title																				
Band / Grade																				
Recruiter Name																				
NHS Trust Name / Client																				
Hospital / Site																				
Ward / Department																				

**Email: [timesheet@express-nursing.co.uk](mailto:timesheet@express-nursing.co.uk)**

**Web: [www.express-nursing.co.uk](http://www.express-nursing.co.uk)**

**Please use 24hr clock format HH(hours):MM(Minutes) Timesheets must be received by midday on Monday**

	Date DD/MM/YYYY	Start Time	Break Start Time	Break Finish Time	Finish Time	Hours Worked	Booking Reference Number	Authorised Signature
MON		:	:	:	:	:		
TUE		:	:	:	:	:		
WED		:	:	:	:	:		
THU		:	:	:	:	:		
FRI		:	:	:	:	:		
SAT		:	:	:	:	:		
SUN		:	:	:	:	:		

Please be aware that Express Nursing will process hours in accordance with the times captured and not the totals on the timesheets which can sometimes be incorrectly calculated.

**Total Hours Worked**

:

### Performance Feedback/Reference

Please assign one of the following: E: Excellent G: Good S: Satisfactory U: Unsatisfactory

Questions	E/G/S/U	Questions	E/G/S/U
Clinical skills demonstrated in line with the requirements of the position		Communication Skills	
Relationships with patients, other healthcare workers and the public		Reliability	
Timekeeping and management of workload		Organisational ability	
Patient and other records management		Sickness/absence record	
I confirm that I am an authorised signatory and I am authorising the above details in accordance with the policies.		I confirm that the information I have given is correct and in accordance with Express Nursing's policies.	

#### Client Details

Print Name	
Position	
Signature	
Date: DD/MM/YYYY	/ /

#### Candidate Details

Print Name	
Signature	
Date: DD/MM/YYYY	/ /