



Please send timesheets to info@bwhcare.com by Monday 10:00 AM.

Candidate Name:	Name of Client/Hospital/Department:
Job Title:	Ward/Department:
Band	Reporting to:

Please use 24 Hour Clock	Date DD/MM/YY	Start Time	Finish Time	Break Start	Break Finish	Hours Worked	Booking Ref Number	Authorised Signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTAL HOURS:								

To Be completed by Authorised Signatory.	Demonstrated Clinical Competence. <input type="checkbox"/>	Patient relationship. <input type="checkbox"/>
E: Excellent	Candidate was able to provide a full range of care to patients. <input type="checkbox"/>	Relationship with colleagues. <input type="checkbox"/>
G: Good	Was organised with the ability to work within guidelines and professional boundaries. <input type="checkbox"/>	Punctuality and reliability. <input type="checkbox"/>
S: Satisfactory	Used initiative and experience in correct decision making. <input type="checkbox"/>	Appearance. <input type="checkbox"/>
U: Unsatisfactory	Kept legable and accurate records. <input type="checkbox"/>	Would you be willing to have this healthcare worker back. <input type="checkbox"/>

Timesheet Authorised by:	
Authorised Signature:	Candidate Signature:
Print Name: _____ Date: _____	Print Name: _____ Date: _____
Position of Signed Authority:	

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