



All Counties Nursing Agency Ltd.

Registered in England and Wales. Registration number:14620602
Anglo House, Worcester Road, Stourport on Severn, DY13 9AW

Tel: 01584 657027

Email: timesheets@allcountiesnursingagency.co.uk

This form must be either completed via our Qintil app or emailed to timesheets@allcountiesnursingagency.co.uk.

Hospital / Home			
Address			
Telephone No			
Name of Ward		Type of Ward	
Candidate / Nurse Name		Qualification / Post	
Employee No		Week Ending (Sunday)	

Day rate and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client. Please check with your All Counties Nursing Agency contact as to which shift pattern applies before accepting an assignment.

DAY	DATE e.g. 01/07/17	START TIME e.g. 08:00	FINISH TIME e.g. 16:00	NUMBER OF HOURS	BREAK TIME	TIME WORKED	GRADE OR TYPE	BOOKING REF. NUMBER	AUTHORISED BY
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									
Total Hrs									
Total Pay Hours in Words (Excluding Breaks)									

Feedback / Reference Form (For Client Only)

Poor – 1 Satisfactory – 2 Good – 3 Excellent – 4 Unable to comment – n/a

Type	1	2	3	4	n/a	Comments
Clinical Skills						
Clinical Knowledge						
Organizational Skills						
Management Skills						
Willingness To Learn						
Contribution to the department						
Punctuality						
Reliability						
Self-Motivation						

Were there any concerns or issues with the worker?	Yes/No
Would you be happy to have the rebook this candidate?	Yes/No

Induction Completed by Client (only applies to first shift)	Yes/No
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Refer a friend and earn up to £250. Terms apply.

Approved Signatory

I agree to the above named person(s) worked hours shown above and by signing the timesheet we agree to pay your account in accordance with your terms of business. I understand that a further copy of your terms of business is available on request.

I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve 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.

Signed by _____ Print Name _____ Date _____

Candidate Working

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/days detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action, and I may be liable for prosecution and the civil recovery proceedings.

Signed by _____ Print Name _____ Date _____