

Timesheet	Sir Henry Recruitment Healthcare
Email/Scan your Timesheet to: payroll@sirhenryrecruitment.com. Deadline: Monday 12 Noon	Phone Number : +44(0)2895 430 123 Website : www.sirhenryrecruitment.com

Name & Designation : _____

Client's Name : _____

Client's Address : _____

Week Beginning Monday : _____

Day/Date	Start (24hr clock)	Finish (24hr clock)	Hours worked (excluding breaks)	Dept/Ward/Unit worked	Client's Initials
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Claimable Hours					

Staff Declaration: I certify that the above claimed hours are true and correct. I also confirm that induction and orientation training has been provided / has not been provided by the client. I consent to the disclosure of information on this form for the purpose of verification of this claim.

Staff's Signature : _____ **Date** : _____
**If you 'self-booked' inform the Agency prior to the shift.*

Client's Authorisation : I am an authorised signatory for my employer. The above claimed hours that I am authorising are accurate and I approve payment in accordance to the terms and conditions of business agreed. I consent to the disclosure of information on this form for the purpose of verification of this claim.

Client's Signature : _____ **Position** : _____ **Date** : _____

We appreciate it if you can rate by ticking the performance and quality of our Agency Worker. Thank you.

Excellent	Good	Satisfactory	Poor

Agency Worker's Induction

This Induction **MUST** be undertaken 1st time at a placement/if you haven't been at the placement in more than 4 weeks.

Name & Designation : _____

Client's Name/Unit : _____

Client's Address : _____

Date & Time : _____

Person Delivering Induction: _____

1. Orientation to the building _
2. Fire procedures and fire zones discussed _
3. Door codes and building security discussed _
4. Nurse call system discussed _
5. Introduction to Service Users/comprehensive report given _
6. Location of clinical notes/records of Service Users and Medication _
7. Location of Policies and Procedures _
8. Shift routine discussed _
9. Introduction to Person in Charge _
10. Introduction to Team of Staff on duty _
11. Telephone system and location of essential telephone numbers discussed _
12. Location of emergency equipment discussed _

****By signing you are confirming that you have had a satisfactory Induction to placement.
This form MUST be submitted with your time sheet.***

Signature: _____