

<b><u>Details of Assignment</u></b>	<b><u>Candidate Name:</u></b>		<b><u>Location:</u></b>		<b><u>Role:</u></b>	
<b><u>Day</u></b>	<b><u>Date</u></b>	<b><u>Start Time (am/pm)</u></b>	<b><u>Break Time (mins)</u></b>	<b><u>Finish Time (am/pm)</u></b>	<b><u>Total Time Worked</u></b>	<b><u>Booking Reference (if applicable)</u></b>
<b><u>Monday</u></b>						
<b><u>Tuesday</u></b>						
<b><u>Wednesday</u></b>						
<b><u>Thursday</u></b>						
<b><u>Friday</u></b>						
<b><u>Saturday</u></b>						
<b><u>Sunday</u></b>						
<b><u>Total Mileage:</u></b> <small>(it must be assumed that no mileage will be paid unless agreed by Newlands at the time of booking)</small>		<b><u>Client Signature:</u></b>	<b><u>Client Printed Name:</u></b>	<b><u>Date:</u></b>	<b><u>Total Timesheet Hours:</u></b>	

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 on this timesheet. The above named member of Newlands Healthcare worked the hours shown above and we agree to pay your account in accordance with Newlands Healthcare's Terms of Business for Temporary Workers. I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Agency worker and the hours/shift 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 proceedings. I consent to the disclosure of this information from this form to and by the NHS body and the NHS Counter Fraud and Security Management Service for purpose of verification of this claim and the investigation, prevention and prosecution of fraud Authorisation: We confirm the hours and grade shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by Newlands Healthcare Terms of Business for Temporary workers.