

Locum Timesheet and Performance Review

Timesheet Deadline: 5.30PM on Mondays

Please email Timesheets to: TLATimesheets@indemandgroup.com



Locum Name: _____

Grade/Specialty: _____

Department: _____

Profession: _____

Place of Work: _____

Reporting To: _____

Total Hours					
Day	Date	Start Time	Finish Time	Lunch	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Weekly Total					

DECLARATION BY LOCUM WORKER:
I declare that I have/have not received an Induction at my placement. 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 action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. By signing the below declaration I can confirm I have received my TLA ID Badge.

Locum Signature: _____ Date: _____

Locum Print Name: _____

DECLARATION BY AUTHORISED SIGNATORY:
"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 information from this form to and by the NHS body and the NHS CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud" Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland)

Client Signature: _____ Date: _____

Client Print Name: _____

Petrol / Travel Expenses (Only if agreed with authorised signatory)		
Petrol Claim:	Miles Travelled: _____ at £ _____ per mile	
Other Travel:		
Weekly Total		

As authorising signatory, I declare that the above is the total travel to be invoiced.

Locum Signature: _____ Date: _____ Client Authorised Signature: _____ Date: _____

Performance Review — (PLEASE TICK)									
KNOWLEDGE:	Excellent	Good	Average	Poor	ATTITUDE:	Excellent	Good	Average	Poor
Standard of Work					Reliability				
Performance					Communication				
Clinical Knowledge					Initiative				
Skills/Work Capability					Administration				
Managerial Skills					Timekeeping				
RELATIONSHIPS:	Excellent	Good	Average	Poor	PERSONAL ATTRIBUTES	Excellent	Good	Average	Poor
Colleagues					Appearance				
Patients					Professionalism				
Other Staff					Conduct				
Communication Skills									

Training needs Identified: _____

Comments from Supervisor: _____

Supervisor Name: _____ Signature: _____ Date: _____

Candidate Statement: I have seen the assessment report and I agree/disagree with the comments (delete as appropriate)

Signed: _____ Print Name: _____