



OUR CARE
AGENCY

Our Care Agency

PLEASE FAX OR EMAIL TIMESHEETS TO:

Fax 01708 731 799 | Email timesheets@ourcareagency.co.uk

Our Care Agency | 3 Floor Blackburn House | 22-26 Eastern Road | Romford | RM1 3PJ | Tel 01708 388 000

Locum name			
NMC No.		Band/Speciality	

Please submit one timesheet for each ward and each week worked

Week Ending (Sunday)		Ward	
Trust/Hospital/Client			

	Date	Start Time	Finish Time	Break	Total Hours	Booking Ref	Authorised by
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
				Total			

ID Badge

I confirm I have received and am wearing my Our Care Agency ID Badge at all times whilst working at the client/trust shown above (please tick to confirm) ☐

Induction

I confirm I was given an induction by the trust prior to the commencement of my 1st shift at the client/trust shown above (please tick to confirm) ☐

Declaration

- I confirm that the information I have given on this form is complete and correct and I have not claimed elsewhere for the hours/shift 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 civil recovery proceedings.
- I consent to the disclosure of information from this form to 3rd parties and by the NHS body for the purposes of verification of this claim and the investigation, prevention, detection and prosecuting of fraud.

Authorisation

- I am an authorised signatory for the Client/Dept/Ward/Trust stated above in compliance with internal processes and procedures. I am signing to confirm that both the grade and hours of the temporary worker stated above is accurate and that I approve payment.
- I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.
- I consent to the disclosure of information from this form to 3rd parties and by the NHS body for the purposes of verification of this claim and the investigation, prevention, detection and prosecuting of fraud.

I (as the locum) confirm I have read, understood and agreed to your terms and conditions

(please tick to confirm) ☐

Locum signature		Print name		Date	
Authorised signature		Print name		Date	
Position				Order No.	

Our terms of engagement you or your company signed apply to this booking. Any locum taken on a full-time/locum or bank basis, or wishing to change agencies will be subject to the notice period as set out in those terms.

NHS Fraud – any questionable timesheet must be immediately brought to the attention of your local fraud specialist or report any cases of fraud; in confidence, to the NHS Fraud and Corruption Reporting Line: 0800 0284060 (England) or 0800 0151628 (Scotland).

Locum Assessment – To be completed by shift manager

As part of Our Care Agency's continuous development plan and assessment of our locums, please rate the qualities of the candidate named above by ticking the appropriate boxes.

	Excellent	Good	Satisfactory	Poor	N/A
Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral Bonus (Locum use only)

Please add the name and contact details of a colleague. You receive up to £100 when 100 hours has been completed by your referral.

Name	
Tel	
Email	

Did you have any concerns regarding the above locum?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you re-employ this locum?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional comments			

By signing this assessment you agree Our Care Agency can use this form as a reference for the named locum. All references will be placed in their file which can be viewed by the locum under the Data Protection Act 1998

Referee signature		Date		Please place hospital stamp:
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If a hospital stamp is not available please affix with headed paper or fax to 020 8252 7879 on a fax header from your organisation

NOTE: To avoid delay with your payment, please ensure that all hours worked are authorised and the timesheet reaches us no later than Monday 10.00 am via fax: 020 8252 7879 or by post: Our Care Agency, Blackburn House, 22-26 Eastern Road, Romford, RM1 3PJ