Pro-Care Personnel Solutions

Section 1: Please write your first name on the top line, your surname on the second line and the client name on the third line. E.g. Care home/Nursing home

First Name																																									
Surname																																									
Client Name																																									

Section 2: Please minus your breaks when totalling your hours worked & ensure you use the 24hr clock. If no break was taken, write NB in the space provided countersigned

DAY	DATE	START	BREAK	FINISH	TOTAL HRS	WARD/UNIT	AUTHORISING NAME	AUTHORING SIGNATURE	REMARKS
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
			Total Hrs (Minus Breaks)						

Section 3: Please ensure your timesheet is fully completed and emailed to pro-care solutions before Monday 12pm to ensure payment that week. Failure to do so may result in your payment being delayed and/or amended.

Agency Staff: 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 this disclosure of information from this form to and by Pro-Care Solutions authorised body for the purpose of verification of this claim and the investigation, prevention, detention, and prosecution of fraud.	Name: Speciality:	Signature: Date:
Authorised By: (Senior Member of Staff) I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band 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 the information on this form and by Pro-Care Solutions authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Pro-Care Solutions Services Terms of Business- A standard introductory fee will be charged if the staff is taken on full time or allowed to change agencies.	Name:	Signature:

	Position:	Date: