

PART ONE

Candidate First Name:	Candidate Last Name:
Client Name:	Client Contact Details (Phone & Email):
Client Address:	

PART TWO – TO BE FILLED OUT BY CANDIDATE / WORKER

Please note that we can only accept one timesheet per week for each organisation that you work at. Please have your timesheet completed on your last working day of the week (MON - SUN).

DAY	POSITION / POST	DATE (DD/MM/YYYY)	START TIME (i.e. 09.00)	BREAK (i.e. 1-Hour)	END TIME (i.e. 18:45)	TOTAL HOURS WORKED (Less Breaks)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
				Total Hours:		

Approved Client Signatory

I am an authorised signatory for this Customer. By signing this timesheet, I am confirming that the details including hours/days are 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 to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by the customer and any authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I understand that Sourcing Healthcare Terms of Business apply, and we will not book or employ this Locum directly or through any other organisation. Unless we have prior written permission from ORA365 Ltd trading as Sourcing Healthcare. If this occurs the standard introduction fee will apply.

Authorising Signatory Full Name	Signature	Date
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Candidate/Worker Declaration

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 Authority, other Public Sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud).

Authorising Signatory Full Name	Signature	Date
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