

# VETRO NURSING TIMESHEET

Please submit **ONE** separate timesheet per ward, per site per week.

Please do NOT send timesheets to your consultant. Please send timesheets to:  
E: nhstimesheet@vrecruitment.co.uk

A: Vetro Nursing, Suite 2 & 5, De Clare House, 4 Sir Alfred Owen Way, Caerphilly, CF83 3HU

For all payroll queries:  
T: 02921 660880

Week Ending:

**PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLACK INK**  
Timesheets must be completed accurately and legibly and submitted by 10h00 each Monday to be processed the following Friday. Please ensure your timesheet has been signed by you and the authorised timesheet signatory and any PO/BRN number/s added. Any amendments have to be initialed/signed by the authorised signatory. Please make sure all original receipts are posted with your timesheet if travel has been agreed. This timesheet is specific to this booking. It will be INVALID if used for any other locum assignments. Any errors may delay processing. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud & Corruption Line on 0800 284 060.



VETRO NURSING OFFER A £250 NURSE REFERRAL BONUS.  
For More informations and T&C's please see the website:  
<https://www.vetrorecruitment.co.uk/candidates/referral-bonus>

Agency Worker:  Position:  Grade/Band:   
Trust:  Hospital:  Ward/Dept:

|                                | Date | Start Time | End Time | Total Break Time | Total Hours Worked | PO/BRN | Client Authorised Daily Signature |
|--------------------------------|------|------------|----------|------------------|--------------------|--------|-----------------------------------|
| Mon                            |      |            |          |                  |                    |        |                                   |
| Tue                            |      |            |          |                  |                    |        |                                   |
| Wed                            |      |            |          |                  |                    |        |                                   |
| Thu                            |      |            |          |                  |                    |        |                                   |
| Fri                            |      |            |          |                  |                    |        |                                   |
| Sat                            |      |            |          |                  |                    |        |                                   |
| Sun                            |      |            |          |                  |                    |        |                                   |
| Total Hours Worked:            |      |            |          |                  |                    |        |                                   |
| Total Hours Worked (in words): |      |            |          |                  |                    |        |                                   |

**Temporary 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 formal action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

- I am fit to practice and will inform Vetro Health Ltd if this changes.
- I have read and agreed to the Terms of Engagement supplied to me by Vetro Health Ltd.
- I have not opted out of WTR 48 hr/wk. I am responsible for monitoring my own hours of work.
- I received orientation and induction inclusive of fire safety by the Authority/Client for this booking.

Temporary Worker Signature:

**Authoriser Declaration:** I am an authorised signatory for my ward/department/NHS body. I am signing below to confirm that both grade of agency worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise 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 to and by the NHS body and the NHS Counter Fraud and Security Management Service. In signing the below, I the client, accept the terms of business as outlined in the booking confirmation contract or framework agreement.

Signature:   
Date:   
Print Name:   
Position:

| End of Placement feedback (please indicate number rating below)        |  |
|--|--|
| 1. Excellent, 2. Good, 3. Satisfactory                                 |  |
| 4. Unsatisfactory, 5. Unable to comment/assess                         |  |
| Clinical skills demonstrated in line with the requirements of the role |  |
| Relationships/communication with others                                |  |
| Management of workload   |  |
| Record Management  |  |
| Supervisory Skills (if applicable)                                     |  |
| Comments in support of the above:                                      |  |
| Signature of person assessing feedback:                                |  |