

Please write clearly in BLOCK CAPITALS, your first name, last name, specialty e.g. RGN/HCA and client name e.g. care home name (to include any wing/house/lodge/floor/location of place worked)

<b>First Name:</b>																				
<b>Last Name:</b>																				
<b>Speciality:</b>																				
<b>Client Name:</b>																				

**Return by email or post. Deadline 6pm Monday.**

**Email:** timesheets@smartheartpro.co.uk

**Post:** SmartHeart Professionals Ltd, 2-4 Queensgate, Cromwell Road, Redhill, Surrey, RH1 1RT

**Freephone:** 0800 193 0828 (24 hours a day)

Day	Date	Start time (24hr format)	Break (minutes)	Finish time (24hr format)	Time worked (deduct breaks)	Ward/Unit/Location	Authorising Signature	Authorised Hours*
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
					<b>Total Hours</b>			

<p><b>Worker Declaration:</b> I consent for the disclosure of information from this form to and by any <i>SmartHeart Professionals Ltd</i> authorised person for the purpose of verifying this claim. This may include third parties including care homes, NHS Trusts, councils, hospitals, auditors, tax and law enforcement agencies. I certify the information is correct to the best of my knowledge and belief and that I am claiming only for the hours I have worked. Knowingly providing false information may result in disciplinary proceedings and civil or legal action.</p>	<p><b>Agency worker signature:</b></p>	<p><b>Date:</b></p>
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<p><b>Authorising Person:</b> By signing this form, I agree that I have verified the hours and speciality or qualification claimed together with any specialist enhancements due. I am authorised to sign the Timesheet and I understand that if I knowingly authorise false information, this could result in disciplinary or legal action.</p>	<p><b>Authorising Signature:</b></p>	<p><b>Date:</b></p>	<p><input type="checkbox"/> Manager   <input type="checkbox"/> Nurse in Charge   <input type="checkbox"/> Other If other, state position:</p>
	<p><b>Authorising Name:</b></p>		<p>Contact Number (if other):</p>
	<p><b>*Confirm Total Authorised Hours:</b></p>		<p>*If no total hours are confirmed, the total hours or calculation of such submitted by the worker will be deemed to be correct.</p>

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