

**FOURPLUS**  
SOLUTIONS**TIMESHEET**

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📍 25 Alma Close, Woking. GU21 2BP

Timesheets must be received by Monday 10am (Exception on Bank/Public Holidays)

**CLIENT FEEDBACK FORM****Client / Establishment - please complete below if you are happy or in a position to assess this agency worker**

As part of our aftercare programme, we would greatly appreciate if you could provide us with a follow-up assessment for the agency worker's time spent at your establishment. Please note that this information may be used as a reference for future temporary positions. Please tick the box which most accurately reflects your view on the candidate.

| FIRST NAME | SURNAME | GRADE | ESTABLISHMENT |
|------------|---------|-------|---------------|
|            |         |       |               |

| <i>PLEASE TICK THE BOX WHICH MOST REFLECTS YOUR VIEW ON THE CANDIDATE</i> | EXCELLENT | GOOD | AVERAGE | POOR |
|---|-----------|------|---------|------|
| CLINICAL SKILLS   |           |      |         |      |
| WORKLOAD MANAGEMENT   |           |      |         |      |
| RECORD MANAGEMENT   |           |      |         |      |
| TIME KEEPING  |           |      |         |      |
| COMMUNICATION SKILLS  |           |      |         |      |
| RELIABILITY   |           |      |         |      |
| RELATIONSHIP WITH PATIENTS  |           |      |         |      |
| RELATIONSHIP WITH COLLEAGUES  |           |      |         |      |
| ADDITIONAL COMMENTS   |           |      |         |      |

|           | DATE | START TIME | END TIME | TOTAL BREAK TAKEN | TOTAL HOURS WORKED | REFERENCE | WARD |
|-----------|------|------------|----------|-------------------|--------------------|-----------|------|
| MONDAY    |      |            |          |                   |                    |           |      |
| TUESDAY   |      |            |          |                   |                    |           |      |
| WEDNESDAY |      |            |          |                   |                    |           |      |
| THURSDAY  |      |            |          |                   |                    |           |      |
| FRIDAY    |      |            |          |                   |                    |           |      |
| SATURDAY  |      |            |          |                   |                    |           |      |
| SUNDAY    |      |            |          |                   |                    |           |      |

**COPIES:** WHITE-CLIENT YELLOW-AGENCY PINK-WORKER**TOTAL HOURS WORKED THIS WEEK**

|   |                   |
|---|-------------------|
| <b>NAME:</b>  | <b>SIGNATURE:</b> |
|   |                   |
| <p>I declare that the information 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 that I may be liable to prosecution &amp; civil recovery proceedings. I consent to the disclosure of information to and by the NHS body and/or the NHS CFSMS and/or the client or trust supplied, for the purpose of verification of this claim and the; investigation, prevention, detection and prosecution of fraud. I also confirm that induction and orientation training has been provided by the client. I also confirm I have received an induction within the clinical area.</p> |                   |

|   |                              |
|---|------------------------------|
| <b>AUTHORISED BY:<br/>(NAME OF SENIOR MEMBER OF STAFF)</b>  | <b>AUTHORISER SIGNATURE:</b> |
|   |                              |
| <p>I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band/Grade of Temporary Workers 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 information from this form to and by the NHS other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p> |                              |