

N.B. PLEASE NOTE, PHONE CAMERA COPIES CAN NOT BE ACCEPTED

Timesheet: Fax 01908 764347 or timesheets@interactmedical.co.uk

LOCUM DETAILS	
First Name:	GMC/GDC Number:
Last Name:	Week Ending Date:
Hospital:	Ref:
Grade & Specialty:	

	Date	STANDARD HOURS		ON-CALL HOURS		BREAKS		Total Hours (breaks deducted) "Forty Hours and fifteen minutes"
		Start Time (24 hours)	End Time (24 hours)	Start Time (24 hours)	End Time (24 hours)	Breaks (minutes)	No Breaks (approved signature)	
Mon								
Tues								
Weds								
Thurs								
Fri								
Sat								
Sun								
				TOTALS				

<p>Locum/Agency Worker Signature: 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 NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. The agency Worker / Locum consents to Interact Medical disclosing any information, including personal data and sensitive personal data, relating to the Assignment to HMRC or other such taxation authority, any medical regulatory authorities (such as the British Medical Association or the British Dental Association), any registered professional body (such as the General Medical Council) and any investigatory body of the NHS, including the NHS Counter Fraud Services, upon demand.</p> <p>Locum:- I confirm that I have worked/provided the services for the period as recorded above:</p>	<p>Authorised Signature</p> <p>Date</p>
--	---

<p>Trust/Hospital Signature: I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of 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 information from this form to and by the NHS body and the NHS CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud" Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 162+8 (within Scotland). Counter fraud declaration to be signed, with printed name and position of the Authorised Signatory, and dated by the Authorised Signatory of the Authority (and cost centre stamp if required by the Authority).</p>	<p>Authorised Signature</p> <p>Full Name</p> <p>Position</p> <p>Date</p>
---	--

 <p>NHS London Procurement Partnership MEDICAL LOCUM & LOCUM GENERAL PRACTITIONER FRAMEWORK</p>	 <p>HEALTHTRUST EUROPE awarded supplier</p>	<p>Crown Commercial Service Supplier</p>
---	---	---