



Candidate Timesheet

Please ensure your timesheet is completed in full and sent to payroll by 5pm Monday. If your timesheet is not received by this time your payment may be delayed. Once complete, email your timesheet to timesheets@mcmmedical.co.uk. If you have any questions, please call us on 0202 929 4017

Section 1: Please write in BLOCK letters and complete **all sections** otherwise your timesheet may be rejected and may delay your payment. If you work in more than one department/ ward during the working week, you will need to submit a timesheet for each department/ ward. **Your timesheet must be submitted within one month of the shift date.**

First Name	
Surname	
Client Name	
Trust	
Job Title	

Section 2: Please write in BLOCK letters and use the 24-hour clock, the dates must be on the correct line corresponding with the days with start and finish times included. Please ensure that you deduct breaks taken, if you did not have a break then leave blank. Client must confirm that no break was taken otherwise this will be automatically deducted.

	Date	Start	Break	Finish	Total Hours (excl breaks)	Department/ Ward	Band	Shift ref.	Authorised (Client Initials)
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

Client Appraisal (please circle as appropriate)

1=Unsatisfactory 2=Poor 3=Satisfactory 4=Good 5=Excellent

Clinical skills demonstrated in line with the requirements of the position	1	2	3	4	5
Timekeeping and management of workload	1	2	3	4	5
Relationships with patients, other healthcare staff and the public	1	2	3	4	5
Reliability	1	2	3	4	5

Section 3: Please ensure that all fields are completed and clear for the days worked otherwise this may cause a delay in payment. Please ensure the timesheet is SIGNED and DATED by yourself and the authorised signatory to ensure payment is not delayed.

Candidate declaration: I declare that the information I have given on this timesheet 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 for prosecution and civil recovery proceedings, I consent to the disclosure of information about this timesheet to and by any MCM Medical authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. **I can confirm that induction and orientation and fire safety has been provided by the client.**

Name:	Speciality:
Signature:	Date:

Client declaration: I am an authorised signatory for my ward/department/NHS body or other relevant organisation. I am signing to confirm that the job profile and banding of the candidate along with the hours/shifts I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information on this timesheet to and by any MCM Medical authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I agree to MCM Medical's current Terms of Business.

Name:	Position:
Signature:	Date: