

FAX: 0845 122 0413 / 1033  
EMAIL: timesheets@medicpp.co.uk



Ensure that you use **BLOCK CAPITALS** in **BLACK INK ONLY**

**CONTRACTOR ID:** 000000 **CONTRACTOR FULL NAME:** CANDIDATE NAME **Nursing Personnel Ref** 100000

**HOSPITAL:** Hospital Name **Hospital Ref:** 100000 **Shift:** Day

**WARD:** Ward Name **Qualification:** RGN **Grade:** Band 2

**SHIFT DATE:** 01-01-12



Start Time	Finish Time	Break Time	TOTAL HOURS	Ward (Leave empty if you did not move ward)
HH-MM	HH-MM	HH-MM	HH-MM	

**HOSPITAL SIGNATORY** **SIGN HERE** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the Job Profile Title and band 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 for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Date     20

**CONTRACTOR** **SIGN HERE** \_\_\_\_\_ **PRINT NAME:** CANDIDATE NAME

As a contractor and by signing this timesheet 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 in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Date     20

To ensure Prompt payment signed timesheets must be received by Friday 8am via:

Email- timesheets@medicpp.co.uk Fax: 0845 122 0413/ 0845 122 1033 Post: Payroll Department, Medical Professional Personnel, Great West House, Brentford, TW89DF

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)\*

Timesheet Expiration Date: 18/09/2012 (If received after this date Timesheet will not be paid) 0 1 5 5 1