  **Tel: 0203 9077716**

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| Name: ……………………………………………………….. Client: …………………………………………………………  Grade: ……………………………………………………….. Unit/Ward/Team: ………………………………………  1:1 Name of Patient: ………………………………… Week Ending: ……………………………………………. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Start Time** | **Break** | **Finish Time** | **Hours Claimed** |
| **MON** | **. .** |  |  |  |  |
| **TUE** | **. .** |  |  |  |  |
| **WED** | **. .** |  |  |  |  |
| **THU** | **. .** |  |  |  |  |
| **FRI** | **. .** |  |  |  |  |
| **SAT** | **. .** |  |  |  |  |
| **SUN** | **. .** |  |  |  |  |
| **Total Hours :** | |

**Please e-mail timesheets to:** [**mytimesheets@dementiatraining-domiciliarycare.co.uk**](mailto:mytimesheets@dementiatraining-domiciliarycare.co.uk)

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| **Candidate Declaration:**  I certify that I have worked the hours as stated above  I am fit to practice and will inform DC&TT if this changes.  I have read and agreed to the Terms of Engagement supplied to me by DC&TT. If I have not opted out of Working Time Regulations 48 hr/week I am responsible for monitoring my own hours of work  I received orientation and induction by the Authority/Client for this booking  I have read and understand the fraud declaration on this timesheet  Name: ……………………………………………………  Signature……………………………………………….Date: ……………………………………… | **Client Authorisation:**  Name: ………………………………………………………  Position: …………………………………………………..  Signature…………………………………………………..Date: ………………………………………………  I confirm the named candidate on this timesheet has worked the hours stated. I also confirm any expenses entered have been authorised. By signing this timesheet I confirm that onsite induction has been given to the named worker on this timesheet. |

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| Fraud Declaration  By signing you are confirming: a) Our agreement to the terms of business, and b) That the claimed hours are correct. I confirm I am an authorised signatory for my ward/department/NHS body/Care Home/Individual. I am signing to confirm that the DC&TT Job title, band and delivery of care by the 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/NHS Wales for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. |

**The deadline for timesheets is 12noonm on Tuesday**